

EXHIBIT

“A”

STATE OF SOUTH DAKOTA

IN CIRCUIT COURT

COUNTY OF Pennington

:SS

7th JUDICIAL CIRCUIT

<u>Chyenne Waisanen</u> <u>Daniel Waisanen</u> Plaintiff v. <u>Credit Collection Bureau</u> Defendant	Case No.: <u>51CV24-00747</u> FINANCIAL AFFIDAVIT <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT
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I, Daniel Waisanen hereby swear under oath and under
(Name of party filling out this Affidavit)

penalty of law that the following is true.

CONTACT INFORMATION

(1) My mailing address is:

2315 E Philadelphia st
Rapid City SD 57703


(2) My telephone number is: 605 545 3987

EMPLOYMENT


(3) I am (check one) ☐ Employed ☐ Unemployed ☒ Self-Employed

MONTHLY INCOME

	Monthly Income Source	Per Month Amount
(4)	(If employed) My gross monthly pay is:	\$ 0
(5)	(If self-employed) My monthly gain/profit from my business/profession is:	\$ 0
(6)	My pension, retirement, disability, veterans, social security, or insurance payments received is:	\$ 0

(7)	My interest, dividends, rentals, royalties, or other gains is:	\$ 0
(8)	Gain from sale, trade or conversion of capital assets is:	\$ 0
(9)	I receive unemployment insurance and workers compensation benefits of:	\$ 0
(10)	Benefit in lieu of compensation including but not limited to military pay allowances is:	\$ 0
(11)	Other income (including spousal support) is: Explain: _____ _____	\$ 0
(12)	Total Gross Monthly Income (add columns 4-11) 	\$ 0

DEDUCTIONS

	Deduction Item	Deduction Amount Per Month
(13)	Income tax based on one withholding allowance for a single taxpayer (not actual number of dependents):	\$ 0
(14)	Social Security and Medicare taxes withheld from wages or salary:	\$ 0
(15)	Contributions to an IRS qualified retirement plan not exceeding 10% of gross income:	\$ 0
(16)	Unreimbursed employee business expenses (Attach IRS form 2106):	\$ 0
(17)	Payments made on other support orders OTHER THAN FOR CHILDREN IN THIS PROCEEDING (Attach court order and evidence of payments.):	\$ 0
(18)	Payments made for spousal support:	\$ 0
(19)	Total Monthly Deductions (add columns 13-18) 	\$ 0

(20)	— = \$ 0		
	Total Gross Monthly Income	Total Monthly Deductions	Total Net Monthly Income

(Subtract the value of your total monthly deductions from your total gross monthly income)

(21) My total gross income before deductions for the previous year was:

\$ 0

(22) My total gross income before deductions for two years ago was:

\$ 0

(23) Including myself, I have the following number of dependents: 2

(24) Do you have health insurance available for dependents through your employer? **(check one)** Yes ☐ No ☒

(25) If you provide health or dental insurance for your child(ren), please complete the following:

a) Name of the health and/or dental insurance

Company: _____

b) Total monthly cost for the employee only: \$ _____

c) Total monthly cost for the employee and child(ren):

\$ _____

d) Persons covered under the insurance policy:

(26) Do you incur childcare costs as a result of employment, job search, training, or education? **(check one)**

Yes ☐ No ☒

If so, please complete the following:

a) Name and address of childcare provider: _____

b) Name(s) of child(ren) whom childcare is provided:

c) Hours per week that childcare is provided: _____

d) Childcare cost is: \$_____ per month; \$_____ per week; \$_____ per hour

(27) Total amount of childcare cost for the past six months: \$_____

(28) Do you receive any assistance for childcare? **(check one)** Yes ☐ No ☒

a) If yes, how much do you receive per month? \$_____

(29) Do you claim the Federal Child Care Tax Credit? **(check one)** Yes ☐ No ☒

(30) Amount of Social Security or Veteran's Benefits provided to a child(ren) of the parties due to your retirement, disability or other eligibility:

\$ 0

a) Which parent receives payment for the child: _____

ASSETS

	Asset	Value
(31)	Cash on hand/in the bank	\$ - 15.57
(32)	Accounts and Notes Receivable (IOU's and other money payable to me)	\$ 0
(33)	Investments (stocks, bonds, savings bond, CD's, money market, etc.)	\$ 0
(34)	Retirement Account balance	\$ 0
(35)	Real Estate (house, land, tribal lease land, rental property, etc.)	\$ 0
(36)	Automobile(s) (include value, make, model, and year) 2007 Ford Focus 2016 Ford F150 (if multiple vehicles, add the value of all vehicles to get total)	\$ 28,500

(37)	Recreational Vehicles (boats, campers, ATV's, etc.)	\$ 0
(38)	Household Goods (furniture, appliances, TV, etc.)	\$ 0
(39)	Sporting Equipment	\$ 0
(40)	Jewelry	\$ 0
(41)	Tools / Shop Equipment	\$ 0
(42)	Value of Business	\$ 0
(43)	Any other assets (anything else I could sell or borrow money on)	\$ 0
(44)	Total Value of Assets (add value of columns 31-43) →	\$ 0

LIABILITIES (money that you owe)

(45) Debts (vehicle, mortgage, student, or personal loans, credit cards, medical bills, etc.)

	Name of Debt (who you owe to)	Outstanding balance	Monthly payment
a)	Vehicle BHFCU	\$ 33,000	\$ 614
b)	HELOC BHFCU	\$ 71,000	\$ 700
c)	Mortgage Mr. Cooper	\$ 234,000	\$ 1850
d)	CC BHFCU	\$ 5,000	\$ 120 ^{ASSETS}
e)	CC Best Buy	\$ 3,500	\$ 50 ^{ASSETS}
f)	CC Scheels	\$ 980	\$ 50
g)	CC Green sky	\$ 11,000	\$ 250
h)		\$	\$
i)	TOTAL DEBTS	357,500 (combined total of outstanding balance)	3634 (combined total of monthly payments)

(46) Total of regular monthly expenses (housing, utilities, food, insurance, etc.):

\$ 1635

(47) TOTAL MONTHLY LIABILITIES: \$ 5,269

(Add your total monthly payments with your total of monthly expenses)

ANTICIPATED INCOME (money or property you are expecting)

(48) Total monies or income from sale of house or land, gifts, inheritance, allotments, trust funds, lease money, etc. \$ 0

(49) When is the money/income expected? 0

Dated this 26 day of November, 2024.

Dm Wagon
Plaintiff/Defendant (circle one) Signature

Daniel Wagon
Plaintiff/Defendant (circle one) printed Name

2315 E Philadelphia
Address

Rapid City SD 57703
City/State/Zip

\$ 605 545 3987
Phone Number

Sworn/affirmed before me this 26 day
of November, 2024.

Phamasetta
~~Notary Public, State of South Dakota~~

My Commission Expires: _____



FILED
Pennington County, SD
IN CIRCUIT COURT

NOV 26 2024

**IN THE STATE OF SOUTH DAKOTA
COUNTY OF PENNINGTON**

**IN CIVIL COURT
7TH JUDICIAL CIRCUIT**

CHYENNE WAISANEN, DANIEL WAISANEN Plaintiff.	Case no.: 51C1V24-00747
V.	Affidavit of Truth
CREDIT COLLECTION BUREAU Defendant.	

Affidavit of Truth

We, CHYENNE and DANIEL WAISANEN, of 2315 E Philadelphia St Rapid City South Dakota 57703, being duly sworn, do hereby make this Affidavit of Truth based upon my personal knowledge, belief, and understanding, and in accordance with the laws of the State of South Dakota. This affidavit is submitted to clarify the facts, irregularities, and procedural misconduct I have encountered in relation to the judgment placed against me, subsequent seizure of personal property, and actions taken by the involved agencies.

Timeline

Procedural Irregularities in Judgment and Execution

1. The judgment for wage garnishment lacked transparency, and the agency pursued a second execution after a "lost execution," compounding financial strain.
2. The writ of execution for the seizure was issued without specificity regarding the property to be seized, violating enforcement norms.

Fraudulent Documentation

3. The assignments of debt were signed electronically on the same day, regardless of the dates of service or acquisition of the debt.
4. The electronic signatures lack essential metadata (e.g., timestamps, IP addresses) to verify authenticity.
5. The signer for the hospital is untraceable, and email communications to her are undeliverable, raising doubts about the validity of the assignments.

Improper Disclosure of Personal Data

6. The court provided sensitive personal information without verifying the requestor's identity, breaching confidentiality protocols.

Misconduct During Seizure

7. The sheriff deputies did not allow us to retrieve essential items from the vehicle's front seat before its seizure.

8. The deputies were hesitant to allow access to the front seat to retrieve wallets, identification, and keys, imposing unnecessary restrictions.

9. The Plaintiff was terrified and unable to open the vehicle's front door to retrieve essential items, such as their wallet, keys, or other necessities, out of a well-founded concern that any action might result in detention or further escalation by the deputies present.

Intimidation and Unprofessional Conduct

10. Deputies openly admitted to following and surveilling us before executing the seizure, including blocking the driveway with a personal unmarked vehicle.

11. Their statements that "there's nothing you can do" dismissed our rights and responsibilities as a citizen, employing both force and coercion to assert dominance over the situation. Civil Sheriff's further pressured us by stating that "if we did not hand over the keys to facilitate the seizure, it would compromise the sale value of the vehicle", intensifying the coercive tactics used against us.

12. When we did not provide the keys to the sheriff, they proceeded to load the vehicle onto the tow truck while it was locked and in park, potentially causing damage to the vehicle in the process.

Repeated Denial of Motions Without Explanation

13. The court denied multiple motions without providing reasoning, leaving us with no recourse except to file this lawsuit.

Expanded Timeline for the Complaint

June 2024

14. Judgment issued for wage garnishment.

15. Bank account closed due to financial strain, but the agency failed to adapt collection methods in good faith.

Subsequent Executions

16. Execution for wage garnishment reported as lost or stolen.
17. New execution filed for seizure, lacking any description of the targeted property.

October 28, 2024

18. Sheriff visits our property and is informed that no assets of the debt's value are available.

October 30, 2024

19. Three deputies arrive to seize our vehicle:
 - One deputy uses a personal, unmarked vehicle to block the driveway.
 - The vehicle is taken while locked and in park, with no opportunity to retrieve personal items from the front seat.

Aftermath

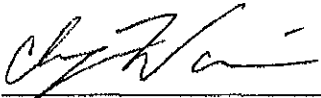
20. Attempts to retrieve personal belongings are thwarted by the sheriff's office.
21. Additional motions to the court are denied without explanation.

Legal and Emotional Impact

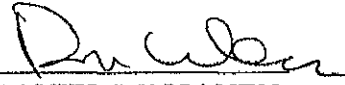
22. This sequence of events underscores a troubling pattern of procedural misconduct, exploitation of our lack of legal education, and actions that caused significant emotional distress. This case now reflects:
 - Fraudulent Practices: Collection agency and court documents display signs of fabrication, inconsistent data, and lack of verification.
 - Abuse of Power: The sheriff's office engaged in intimidation, surveillance, and misuse of authority.
 - Denial of Due Process: Both the courts and enforcement agencies failed to safeguard our legal rights.
 - Emotional and Financial Harm: The compounded stress, financial strain, and emotional toll justify seeking a significant award for damages.

I affirm under the penalties of perjury that the above is true and correct to the best of my knowledge.

Date:

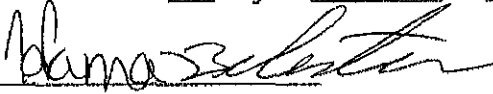


CHYENNE WAISANEN
2315 E Philadelphia St
Rapid City SD 57703
N/A

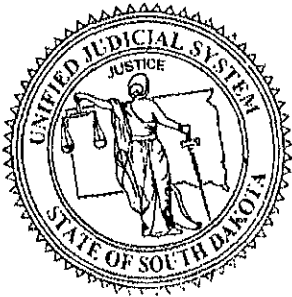


DANIEL WAISANEN
2315 E Philadelphia St
Rapid City SD 57703
N/A

Subscribed and sworn to before me this 26 day of NOV, 2024

Notary Public Signature:  Notary Seal

My Commission Expires: _____



FILED
Pennington County, SD
IN CIRCUIT COURT

NOV 26 2024

Amber Watkins, Clerk of Courts

By  Deputy

IN THE STATE OF SOUTH DAKOTA
COUNTY OF PENNINGTON

IN CIVIL COURT
7TH JUDICIAL CIRCUIT

Chyenne Waisanen, Daniel Waisanen Plaintiff. V. Credit Collection Bureau Defendant.	Case no.: <u>51CV24-001747</u> Affidavit of Financial Hardship
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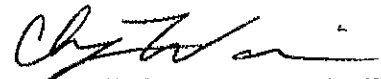
AFFIDAVIT OF FINANCIAL HARDSHIP

We, CHYENNE and DANIEL WAISANEN, declare as follows:

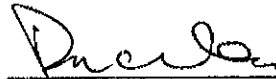
1. I am the [Plaintiff/Defendant] in this matter and submit this affidavit to request a waiver or reduction of the bond requirement for the Temporary Restraining Order.
2. The seized truck was my sole means of income as it was necessary for operating my renovation business, including hauling tools and materials.
3. My current financial situation prevents me from affording the required bond. I have no significant savings, and my monthly income barely covers basic living expenses.
4. Requiring a bond would create undue hardship and further jeopardize my ability to sustain my business and livelihood.

I affirm under penalty of perjury that the foregoing is true and correct.

DATED: NOVEMBER 25, 2024



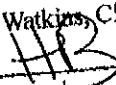
CHYENNE WAISANEN
2315 E Philadelphia St
Rapid City SD 57703
N/A



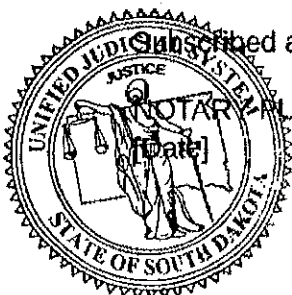
DANIEL WAISANEN
2315 E Philadelphia St
Rapid City SD 57703
N/A

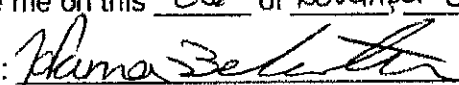
FILED
Pennington County, SD
IN CIRCUIT COURT

NOV 26 2024

Amber Watkins, Clerk of Courts
By  Deputy

NOTARY ACKNOWLEDGMENT



Subscribed and sworn to before me on this 26 of November, 2024, by Hanna Beckstrom
NOTARY PUBLIC SIGNATURE:  My Commission Expires:

STATE OF SOUTH DAKOTA

IN CIRCUIT COURT

COUNTY OF Pennington7th JUDICIAL CIRCUIT

<u>Chyenne Waisanen</u> <u>Daniel Waisanen</u> Plaintiff vs <u>Credit Collection Bureau</u> Defendant	FILE NO: <u>51CJV04-00747</u> MOTION TO WAIVE FILING & SERVICE OF PROCESS FEE
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Comes now the Plaintiff Defendant (circle one) named above, and makes this Motion to the Court to waive the following fees for the following reasons (check one):

☒ I am the Plaintiff named above and make this Motion pursuant to SDCL 16-2-29.2 and 16-2-29.3 for the purposes of requesting a waiver of the filing fee and service of process fee for the Summons & Complaint.

☐ I am the Defendant named above and make this Motion pursuant to SDCL 16-2-29.2 and 16-2-29.3 for the purposes of requesting a waiver of the filing fee for the Answer/Response to the Summons & Complaint.

I do solemnly swear that I am unable to pay the above-specified fee(s) for the legal proceedings which I am about to commence; and that I verily believe I am justly entitled to the relief sought by such legal proceedings. My Financial Affidavit, which sets forth my entire financial situation, (Form UJS-023) is filed herein and incorporated herein by reference.

WHEREFORE, based upon the foregoing statements and allegations, I respectfully request that the Court enter its Order to waive payment of the above-specified fee(s) in this matter, pursuant to SDCL 16-2-29.2. If this Request is denied, I understand that I must pay the above-specified fee(s) to proceed with the case. Furthermore, if I am the Plaintiff, I understand that if the filing fee is not paid within 30 days, my case will be dismissed.

Dated this 26 day of November, 2024.

Sworn/Affirmed before me this

26 day of November, 2024

Dan Waisanen
 Notary Public/Clerk of Court

Dan Waisanen
 Signature of Plaintiff/Defendant (circle one)
 (Sign only in front of a Notary or Clerk of Court)

Name (Print): Daniel Waisanen
 Address: 2315 E Philadelphia
 City/State/Zip: Rapid City SD 57703
 Phone: (605) 545 3487



My commission expires:

FILED
 Pennington County, SD
 IN CIRCUIT COURT
 Page 1 of 1

NOV 26 2024

Amber Watkins, Clerk of Courts
 By HB Deputy

FORM UJS-022
 Rev. 08/2022

STATE OF SOUTH DAKOTA

IN CIRCUIT COURT

COUNTY OF Pennington

) :SS)

7th

JUDICIAL CIRCUIT

<u>Chyenne Waisanen</u> <u>Daniel Waisanen</u> Plaintiff v. <u>Credit Collection Bureau</u> Defendant	Case No.: <u>51CV24-001747</u> FINANCIAL AFFIDAVIT <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT
------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------

I, Chyenne Waisanen hereby swear under oath and under
(Name of party filling out this Affidavit)
penalty of law that the following is true.

CONTACT INFORMATION


(1) My mailing address is:

2315 E Philadelphia StRapid City SD 57703


(2) My telephone number is:

605.608.2500**EMPLOYMENT**(3) I am (check one) ☐ Employed ☐ Unemployed ☒ Self-Employed**MONTHLY INCOME**

	Monthly Income Source	Per Month Amount
(4)	(If employed) My gross monthly pay is:	\$ <u>0</u>
(5)	(If self-employed) My monthly gain/profit from my business/profession is:	\$ <u>0</u>
(6)	My pension, retirement, disability, veterans, social security, or insurance payments received is:	\$ <u>0</u>

(7)	My interest, dividends, rentals, royalties, or other gains is:	\$ 0
(8)	Gain from sale, trade or conversion of capital assets is:	\$ 0
(9)	I receive unemployment insurance and workers compensation benefits of:	\$ 0
(10)	Benefit in lieu of compensation including but not limited to military pay allowances is:	\$ 0
(11)	Other income (including spousal support) is: Explain: _____	\$ 0
(12)	Total Gross Monthly Income (add columns 4-11) 	\$ 0

DEDUCTIONS

	Deduction Item	Deduction Amount Per Month
(13)	Income tax based on one withholding allowance for a single taxpayer (not actual number of dependents):	\$ 0
(14)	Social Security and Medicare taxes withheld from wages or salary:	\$ 0
(15)	Contributions to an IRS qualified retirement plan not exceeding 10% of gross income:	\$ 0
(16)	Unreimbursed employee business expenses (Attach IRS form 2106):	\$ 0
(17)	Payments made on other support orders OTHER THAN FOR CHILDREN IN THIS PROCEEDING (Attach court order and evidence of payments.):	\$ 0
(18)	Payments made for spousal support:	\$ 0
(19)	Total Monthly Deductions (add columns 13-18) 	\$ 0

(20)	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border-bottom: 1px solid black; width: 100px; height: 10px;"></div> <div style="margin: 0 10px;">=</div> <div style="border-bottom: 1px solid black; width: 100px; height: 10px;"></div> <div style="margin: 0 10px;">\$</div> <div style="border-bottom: 1px solid black; width: 100px; height: 10px;"></div> </div>	
	Total Gross Monthly Income	Total Monthly Deductions
		Total Net Monthly Income

(Subtract the value of your total monthly deductions from your total gross monthly income)

(21) My total gross income before deductions for the previous year was:

\$ 0

(22) My total gross income before deductions for two years ago was:

\$ 0

(23) Including myself, I have the following number of dependents: 2

(24) Do you have health insurance available for dependents through your employer? **(check one)** Yes ☐ No ☒

(25) If you provide health or dental insurance for your child(ren), please complete the following:

a) Name of the health and/or dental insurance

Company: _____

b) Total monthly cost for the employee only: \$ _____

c) Total monthly cost for the employee and child(ren):

\$ _____

d) Persons covered under the insurance policy:

(26) Do you incur childcare costs as a result of employment, job search, training, or education? **(check one)**

Yes ☐ No ☒

If so, please complete the following:

a) Name and address of childcare provider: _____

b) Name(s) of child(ren) whom childcare is provided:

c) Hours per week that childcare is provided: _____

d) Childcare cost is: \$_____ per month; \$_____ per week; \$_____ per hour

(27) Total amount of childcare cost for the past six months: \$ _____

(28) Do you receive any assistance for childcare? **(check one)** Yes ☐ No ☒

a) If yes, how much do you receive per month? \$ _____

(29) Do you claim the Federal Child Care Tax Credit? **(check one)** Yes ☐ No ☒

(30) Amount of Social Security or Veteran's Benefits provided to a child(ren) of the parties due to your retirement, disability or other eligibility:

\$ 0

a) Which parent receives payment for the child: _____

ASSETS

	Asset	Value
(31)	Cash on hand/in the bank	\$ -15.57
(32)	Accounts and Notes Receivable (IOU's and other money payable to me)	\$ 0
(33)	Investments (stocks, bonds, savings bond, CD's, money market, etc.)	\$ 0
(34)	Retirement Account balance	\$ 0
(35)	Real Estate (house, land, tribal lease land, rental property, etc.)	\$ 0
(36)	Automobile(s) (include value, make, model, and year) 07 Ford Focus, 2016 F150 (if multiple vehicles, add the value of all vehicles to get total)	\$ 28,500

(37)	Recreational Vehicles (boats, campers, ATV's, etc.)	\$ 0
(38)	Household Goods (furniture, appliances, TV, etc.)	\$ 0
(39)	Sporting Equipment	\$ 0
(40)	Jewelry	\$ 0
(41)	Tools / Shop Equipment	\$ 0
(42)	Value of Business	\$ 0
(43)	Any other assets (anything else I could sell or borrow money on)	\$ 0
(44)	Total Value of Assets (add value of columns 31-43)	\$ 0

LIABILITIES (money that you owe)

(45) Debts (vehicle, mortgage, student, or personal loans, credit cards, medical bills, etc.)

	Name of Debt (who you owe to)	Outstanding balance	Monthly payment
a)	Vehicle - BHFCU	\$ 33,000	\$ 614
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c)	Mortgage - Mr Cooper	\$ 234,000	\$ 1850
d)	CC - BHFCU	\$ 5000	\$ 120
e)	Best Buy - CC	\$ 3500	\$ 50
f)	CC - Skheels	\$ 980	\$ 50
g)	CC - Greensky	\$ 11,000	\$ 250
h)		\$	\$
i)	TOTAL DEBTS	357500 (combined total of outstanding balance)	3634 (combined total of monthly payments)

(46) Total of regular monthly expenses (housing, utilities, food, insurance, etc.):

\$ 1,635

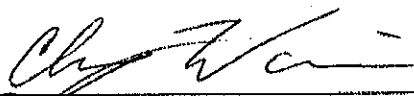
(47) TOTAL MONTHLY LIABILITIES: \$ 5,269
(Add your total monthly payments with your total of monthly expenses)

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(48) Total monies or income from sale of house or land, gifts, inheritance, allotments, trust funds, lease money, etc. \$ 0

(49) When is the money/income expected? 0

Dated this 26 day of November, 2024.


Plaintiff/Defendant (circle one) Signature

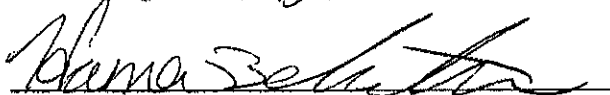
Chyenne Waisanen
Plaintiff/Defendant (circle one) printed Name

Sworn/affirmed before me this 26 day
of November, 2024.

2315 E Philadelphia st
Address

Rapid City SD 57703
City/State/Zip

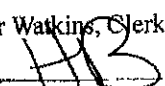
605.608.2500
Phone Number


~~Notary/Deputy Clerk/Clerk of Court~~

~~My Commission Expires:~~ _____

FILED
Pennington County, SD
IN CIRCUIT COURT

NOV 26 2024

Page 6 of 46 Amber Watkins, Clerk of Courts
By  Deputy

FORM UJS-023
Rev. 04/2024

STATE OF SOUTH DAKOTA

IN CIRCUIT COURT

COUNTY OF Pennington7th JUDICIAL CIRCUIT

<u>Chyenne Waisanen</u> <u>Daniel Waisanen</u> Plaintiff vs <u>Credit Collection Bureau</u> Defendant	FILE NO: <u>51CIV24-00747</u> MOTION TO WAIVE FILING & SERVICE OF PROCESS FEE
----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

Comes now the Plaintiff Defendant (circle one) named above, and makes this Motion to the Court to waive the following fees for the following reasons (check one):

☒ I am the Plaintiff named above and make this Motion pursuant to SDCL 16-2-29.2 and 16-2-29.3 for the purposes of requesting a waiver of the filing fee and service of process fee for the Summons & Complaint.

☐ I am the Defendant named above and make this Motion pursuant to SDCL 16-2-29.2 and 16-2-29.3 for the purposes of requesting a waiver of the filing fee for the Answer/Response to the Summons & Complaint.

I do solemnly swear that I am unable to pay the above-specified fee(s) for the legal proceedings which I am about to commence; and that I verily believe I am justly entitled to the relief sought by such legal proceedings. My Financial Affidavit, which sets forth my entire financial situation, (Form UJS-023) is filed herein and incorporated herein by reference.

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Dated this 26 day of November, 2024.

Sworn/Affirmed before me this

26 day of November, 2024

Dana Belcher

Notary Public/Clerk of Court

Chyenne Waisanen

Signature of Plaintiff Defendant (circle one)

(Sign only in front of a Notary or Clerk of Court)

Name (Print): Chyenne Waisanen

Address: 2315 E Philadelphia St

City/State/Zip: Rapid City SD 57703

Phone: (605) 608-2500



my commission expires:

FILED

Pennington County, SD
IN CIRCUIT COURT

Page 1 of 1

NOV 26 2024

Amber Watkins, Clerk of Courts

By HB Deputy

FORM UJS-022

Rev. 08/2022

IN THE STATE OF SOUTH DAKOTA
COUNTY OF PENNINGTON

IN CIVIL COURT
7TH JUDICIAL CIRCUIT

Chyenne Waisanen, Daniel Waisanen Plaintiff.	Case no.: <u>51CV84-001747</u>
V.	Affidavit of Financial Hardship
Credit Collection Bureau Defendant.	

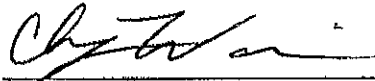
AFFIDAVIT OF FINANCIAL HARDSHIP

We, CHYENNE and DANIEL WAISANEN, declare as follows:

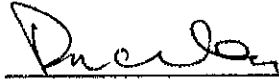
1. I am the [Plaintiff/Defendant] in this matter and submit this affidavit to request a waiver or reduction of the bond requirement for the Temporary Restraining Order.
2. The seized truck was my sole means of income as it was necessary for operating my renovation business, including hauling tools and materials.
3. My current financial situation prevents me from affording the required bond. I have no significant savings, and my monthly income barely covers basic living expenses.
4. Requiring a bond would create undue hardship and further jeopardize my ability to sustain my business and livelihood.

I affirm under penalty of perjury that the foregoing is true and correct.

DATED: NOVEMBER 25, 2024



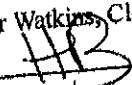
CHYENNE WAISANEN
2315 E Philadelphia St
Rapid City SD 57703
N/A



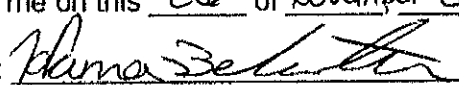
DANIEL WAISANEN
2315 E Philadelphia St
Rapid City SD 57703
N/A

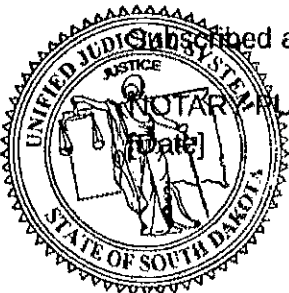
FILED
Pennington County, SD
IN CIRCUIT COURT

NOV 26 2024

Amber Watkins, Clerk of Courts
By  Deputy

NOTARY ACKNOWLEDGMENT

Subscribed and sworn to before me on this 26 of November 2024, by Hanna Beckstrom
NOTARY PUBLIC SIGNATURE:  My Commission Expires:



IN THE STATE OF SOUTH DAKOTA
COUNTY OF PENNINGTON

IN CIVIL COURT
7TH JUDICIAL CIRCUIT

Chyenne Waisanen, Daniel Waisanen Plaintiff.	Case no.: 51C1U24-001747
V.	SUMMONS FOR UNLAWFUL AND FRAUDULENT DEBT COLLECTION PRACTICE
Credit Collection Bureau Defendant.	

SUMMONS FOR UNLAWFUL AND FRAUDULENT DEBT COLLECTION PRACTICE

TO: CREDIT COLLECTION BUREAU

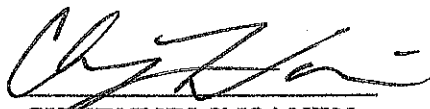
410 Sheridan Lake Rd
Rapid City SD 57702

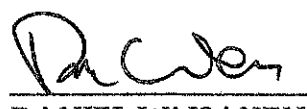
A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) C you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

CHYENNE WAISANEN
DANIEL WAISANEN
2315 E Philadelphia St
Rapid City, SD 57703

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.


Dated:


CHYENNE WAISANEN
2315 E Philadelphia St
Rapid City SD 57703
N/A


DANIEL WAISANEN
2315 E Philadelphia St
Rapid City SD 57703
N/A

FILED
Pennington County, SD
IN CIRCUIT COURT

DEC - 4 2024

Amber Watkins, Clerk of Courts
By  Deputy

**IN THE STATE OF SOUTH DAKOTA
COUNTY OF PENNINGTON**

**IN CIVIL COURT
7TH JUDICIAL CIRCUIT**

CHYENNE WAISANEN, DANIEL WAISANEN Plaintiff. V. CREDIT COLLECTION BUREAU Defendant.	Case no.: 51CV24-00747 Complaint for Unlawful and Fraudulent Debt Collection Practices
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**PLAINTIFF'S COMPLAINT FOR UNLAWFUL AND FRAUDULENT DEBT
COLLECTION PRACTICES**

COMES NOW, person CHYENNE MARIE WAISANEN and DANIEL GARY WAISANEN, presented by man Chyenne Marie Waisanen and Daniel Gary Waisanen, allege and state as follows: (Please note that spelling of each name is important and will always be as above throughout this complaint for clarity in the court.)

I. Introduction

1. This is an action for damages and injunctive relief to redress fraudulent, unlawful, and unconstitutional actions by the defendant collection agency and complicit acts of enforcement by the Pennington County Sheriff's Office. Plaintiffs were subjected to coercive collection tactics, unlawful seizure of essential property, and systemic violations of their rights, causing emotional, financial, and professional harm. Plaintiffs demand accountability and seek justice for the gross misconduct that has disrupted their lives.
2. This Complaint incorporated a prior small claims judgment entered on June 20, 2024 in Small Claims Court under case number 51SMC24-747.

II. JURISDICTION AND VENUE

3. This Court has jurisdiction under 28 U.S.C. § 1331 for federal claims and 28 U.S.C. § 1367 for supplemental state law claims, as well as 8 U.S.C. § 1101(a)(23) regarding naturalization and nationality. Venue is proper under 28 U.S.C. § 1391(b) as the events occurred in Pennington County. Through naturalization powers defined in 8 U.S.C. § 1101(a)(23), Chyenne Marie Waisanen and Daniel Gary Waisanen confer the nationality of "STATE OF SOUTH DAKOTA" on themselves, satisfying jurisdictional requirements. They will also make a general appearance and represent themselves, as they are incapable of independently speaking or writing.

Defendant Credit Collection Bureau, operating within Pennington County South Dakota, is subject to this Court's jurisdiction. This case arises under the Fair Debt Collection Practices Act (15 U.S.C. § 1692 et seq.), 42 U.S.C. § 1983 for rights violations, and South Dakota laws, including SDCL § 15-2-14 and SDCL § 21-3-2, addressing wrongful acts and damages. Plaintiffs seek relief for the unlawful seizure of property, fraudulent debt collection practices, and violations of their constitutional rights.

III. PARTIES

4. Plaintiff is a person(s) residing in Pennington County, South Dakota.
5. Plaintiff resided in Pennington County, South Dakota, at all times relevant and all actions related to Plaintiff's stated herein took place in and around Pennington County, South Dakota.
6. Defendant Credit Collection Bureau is listed by the NMLS (Nationwide multistate licensing system) as an "Assumed Name" Business Type. Defendant's Principal Place of Business Address is 410 Sheridan Lake Rd Rapid City SD 57702.
7. Defendant acted through their agents, employees, officers, members, directors, heirs, successors, assigns, principals, trustees, sureties, subrogees, representatives, and insurers.
8. Defendant's agents, employees, officers, members, directors, and representatives were working within the course and scope of their employment when taking the actions stated herein.

IV. GENERAL FACTUAL ALLEGATIONS

9. The Defendant presented invalid assignments of debt that failed to demonstrate ownership of the alleged debt.
10. These assignments were attached solely to itemized billing statements, with no supporting original contracts, consent form, or other foundational documentation in violation of SDCL § 57A-9-203(b)(3).
11. The electronic signatures on these assignments lack essential metadata such as timestamps, IP addresses, or digital certificates, raising significant doubts about their authenticity. This is contrary to evidentiary standards under SDCL § 15-6-56(e) and fails to meet requirements for electronic evidence authentication under federal guidelines.
12. Account numbers on the assignments and billing statements do not match those on the Plaintiffs' original consent forms.
13. Despite repeated requests from the plaintiffs' for proof of ownership, the defendant ignored or refused to provide such evidence showing a blatant disregard for verification requirements under the Uniform Commercial Code (U.C.C) § 3-309(b)

V. Unlawful and Oppressive seizure of Property

14. On October 30th 2024 the Pennington County Civil Department orchestrated the seizure of the Plaintiff's vehicle, described as follows:

2016

Ford

F150 Supercrew Lariat Sport Special Edition

Red with hockey stick stripe

valued at \$27,000, to satisfy an alleged \$6,116.04 debt.

15. On October 30th 2024 Pennington County Civil deputies engaged in unwarranted and invasive surveillance of the plaintiffs, following their vehicle through town, then waiting outside a residence for them to exit the vehicle and enter a home. These actions were excessive, coercive, and an abuse of the authority granted under state law.

16. One deputy used an unmarked, personal vehicle to block the plaintiffs' vehicle in the driveway. This act of physical restriction further demonstrates the intentional and inappropriate measures employed to intimidate and corner the plaintiffs.

17. Deputies repeatedly told the Plaintiffs that "there is nothing you can do except pay the judgment," a false statement that disregards the plaintiffs' procedural rights under state and federal law. These statements, compounded with their actions, deprived the Plaintiffs' of their ability to make informed decisions about their legal recourse. This was in violation of FDCPA (15 U.S.C § 1692e).

18. The deputies forcibly seized the vehicle by having it pulled onto a tow truck while the vehicle was still locked and in park. This manner of seizure caused physical damage to the vehicle violating SDCL § 57A-9-609(b) which requires peaceful repossession and prohibits actions likely to cause a breach of peace and emotional harm to the plaintiffs.

19. Plaintiff's vehicle, the only asset of substantial value, was seized, rendering Plaintiff's renovation business non-operational, at it was the only vehicle capable of hauling necessary tool and materials

VI: Emotional and Financial Harm

20. The Plaintiffs experienced severe emotional distress, including anxiety, fear, and physical symptoms such as hair loss, sleepless nights, and paranoia caused by the wrongful and oppressive seizure of their property.

21. The Plaintiffs' quality of life was diminished, and their financial stability was jeopardized by the Defendant's fraudulent and malicious actions, violating their rights under SDCL § 21-29-2 and 15 U.S.C § 1692d.

VII: Legal Claims

22. Count 1: Fraudulent Practices

The Defendant knowingly submitted fraudulent and incomplete documentation to claim ownership of the alleged debt, violating SDCL § 57A-9-203(b), U.C.C § 3-309, both statutory and ethical standards.

23. Count 2: Fraudulent Misrepresentation and breach of contract:

The assignment of debt was flawed, as there were no original contracts or proper documentation to validate the debt. Defendant fraudulently misrepresented the legitimacy of the debt assignment, violating SDCL § 57A-9-203 and improperly processed the judgment

24. Count 3: Violation of the Fair Debt Collection Practices act (FDCPA)

The defendant violated the following provisions of the FDCPA:

15 U.S.C. § 1692d: Prohibiting harassment and abuse

15 U.S.C. § 1692e: Prohibiting false or misleading representations.

15 U.S.C. § 1692f: Prohibiting unfair or unconscionable practices.

25. Count 4: Constitutional Violations

Deputies acting on behalf of the defendant violated the Plaintiffs' Fourth Amendment right against unreasonable seizures and their Fifth Amendment right to due process.

26. Count 5: Emotional Distress

The defendant's fraudulent and oppressive actions caused significant emotional distress, leaving the Plaintiffs in a state of fear, helplessness, and emotional anguish, damage to health and wellbeing.

27. Count 6: Procedural Misconduct and Unconscionable Actions

The Defendant, through the actions of the deputies engaged in coercive and malicious tactics that violated the plaintiffs fundamental rights to due process and fair treatment.

28. Count 7: Peonage and Debt Slavery

The actions and statements of defendant and the deputies, including the assertion that plaintiff could "do nothing but pay," violated the thirteenth amendment prohibiting involuntary servitude and debt slavery.

29. Count 8: Improper Seizure and lack of Due Process

The wrongful seizure of the plaintiff's vehicle was conducted without proper notice, specific identification of the property to be seized, and due process as required under both federal and state law.

30. Count 9: Violation of HIPAA

Defendant's use of Itemized billing statements containing personal medical details without plaintiff's consent was a clear violation of plaintiff's right to privacy under Hipaa, as these documents contained sensitive information unrelated to the debt.

31. Count 10: Failure to comply with court orders and procedures

Defendant failed to adhere to proper court procedures for debt collection. There was a lack of specificity in the writ that failed to identify the property to be seized, leading to a violation of plaintiff's due process rights under South Dakota law. (SDCL § 15-6-62(a)).

32. Count 11: Unlawful Blocking of Property and violation of state property laws

The use of an unmarked personal vehicle by the deputies to block plaintiffs driveway and the wrongful seizure of the vehicle without consent violated South Dakota property laws, specifically SDCL § 22-35-6, which prohibits interference with personal property. Additionally, this act contravenes the fourth amendment to the United States Constitution, which protects against unreasonable seizures of property without authorization.

33. Count 12: Unlawful interference with livelihood

By seizing the plaintiffs only means of transportation for the company, the defendant caused irreparable harm to plaintiffs livelihood. As a renovation business owner, the plaintiff's vehicle was crucial to carry out business duties and its seizure rendered the plaintiff unable to generate income.

34. Count 13: Unlawful Detention and withhold of personal property

The refusal of the deputies to allow the plaintiff to retrieve personal property, including identification, wallets, and keys from the vehicle, constituted unlawful detention and interference with plaintiffs property rights. This action violated SDCL § 57A-9-609(b), which requires repossession to occur without breaching the peace. Furthermore, it infringed upon the fourth and fifth amendments by depriving plaintiffs' of property and liberty without due process.

35. Count 14: Violation of the Fair Debt collection practices Act (FDCPA)

Defendant's actions of aggressively pursuing an alleged debt without validating it and using unfair practices in the collection process, such as preventing the plaintiff from negotiating, violated several provisions of the Fair Debt Collection practices Act.

15 U.S.C. § 1692d: Prohibiting harassment and abuse

15 U.S.C. § 1692e: Prohibiting false or misleading representations.

15 U.S.C. § 1692f: Prohibiting unfair or unconscionable practices.

36. Count 15: Unlawful Collection Practices and lack of debt validation

Defendant violated the Fair Credit Reporting Act (FCRA), specifically 15- U.S.C § 1681s-2 §(a)(1) by failing to properly verify the debt before proceeding with collection efforts. Plaintiff was repeatedly denied an opportunity to review proper documentation to validate the debt, a clear violation of their statutory rights under the FDCPA (15 U.S.C § 1692g(b)), which mandates debt validation upon dispute.

37. Count 16: Punitive Damages for Gross Misconduct

Defendant's actions, which included fraudulent documentation, improper seizure of plaintiff's vehicle, and severe emotional distress caused to plaintiffs, warrant an award of punitive damages; these actions constitute gross misconduct and bad faith, violating both state and federal laws. Under South Dakota law, SDCL § 24-1-4 allows for punitive damages in cases of fraud and oppression.

VIII: Relief Requested

38. Plaintiff has suffered 5,000,000 in damages as a result of defendant's unlawful actions, including:

Financial distress and loss of livelihood due to the wrongful seizure of plaintiff's vehicle
Emotional distress caused by the extreme stress and anxiety associated with defendants
fraudulent and unlawful conduct

Violation of privacy rights and damage to reputation caused by the improper disclosure of
personal medical information.

IX: Applicable legal Authorities

39. Fair Debt Collection Practices Act (FDCPA): 15 USC § 1692 et seq.

40. South Dakota Codified Laws (SDCL): Chapter 57A-9-203 (governing secured transactions).

41. U.S. Constitution:

Fourth Amendment (protection against unreasonable seizures).

Fifth Amendment (guarantee of due process).

42. Natural Rights Doctrine: Plaintiffs invoke their inherent and god-given right to property,
freedom from fraud, and protection against oppression.

X: Prayer for Relief

WHEREFORE, Plaintiffs respectfully request this court:

43. Award Plaintiff \$5,000,000 in compensatory and punitive damages.

44. Issue injunctive relief to halt the sale and return the Plaintiffs vehicle.

45. Declare the defendant's actions fraudulent, oppressive, and unlawful.

46. Award the Plaintiffs all legal costs and any further relief the court deems just and proper.

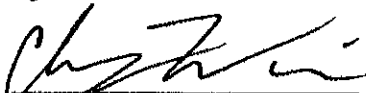
47. Order Defendant to cease and desist from further unlawful collection efforts.

XI: Verification

We declare under penalty of perjury that the foregoing is true and correct to the best of our
knowledge.

Dated: 11.26.2024

Signed,



CHYENNE WAISANEN
2315 E Philadelphia St
Rapid City SD 57703
N/A



DANIEL WAISANEN
2315 E Philadelphia St
Rapid City SD 57703
N/A

FILED
Pennington County, SD
IN CIRCUIT COURT

NOV 26 2024

Amber Watkins, Clerk of Courts
By  Deputy

57A-9-203. Attachment and enforceability of security interest--Proceeds--Supporting obligations--Formal requisites.

(a) A security interest attaches to collateral when it becomes enforceable against the debtor with respect to the collateral, unless an agreement expressly postpones the time of attachment.

(b) Except as otherwise provided in subsections (c) through (i), a security interest is enforceable against the debtor and third parties with respect to the collateral only if:

- (1) Value has been given;
- (2) The debtor has rights in the collateral or the power to transfer rights in the collateral to a secured party; and
- (3) One of the following conditions is met:
 - (A) The debtor has signed a security agreement that provides a description of the collateral and, if the security interest covers timber to be cut, a description of the land concerned;
 - (B) The collateral is not a certificated security and is in the possession of the secured party under § 57A-9-313 pursuant to the debtor's security agreement;
 - (C) The collateral is a certificated security in registered form and the security certificate has been delivered to the secured party under § 57A-8-301 pursuant to the debtor's security agreement;
 - (D) The collateral is controllable accounts, controllable electronic records, controllable payment intangibles, deposit accounts, electronic documents, electronic money, investment property, or letter-of-credit rights, and the secured party has control under § 57A-7-106, 57A-9-104, 57A-9-105.1, 57A-9-106, 57A-9-107, or 57A-9-107.1 pursuant to the debtor's security agreement; or
 - (E) The collateral is chattel paper and the secured party has possession and control under § 57A-9-314.1 pursuant to the debtor's security agreement.

(c) Subsection (b) is subject to § 57A-4-210 on the security interest of a collecting bank, § 57A-5-118 on the security interest of a letter-of-credit issuer or nominated person, § 57A-9-110 on a security interest arising under chapter 57A-2 or 57A-2A, and § 57A-9-206 on security interests in investment property.

(d) A person becomes bound as debtor by a security agreement entered into by another person if, by operation of law other than this chapter or by contract:

- (1) The security agreement becomes effective to create a security interest in the person's property; or
- (2) The person becomes generally obligated for the obligations of the other person, including the obligation secured under the security agreement, and acquires or succeeds to all or substantially all of the assets of the other person.

(e) If a new debtor becomes bound as debtor by a security agreement entered into by another person:

- (1) The agreement satisfies subsection (b)(3) with respect to existing or after-acquired property of the new debtor to the extent the property is described in the agreement; and
- (2) Another agreement is not necessary to make a security interest in the property enforceable.

(f) The attachment of a security interest in collateral gives the secured party the rights to proceeds provided by § 57A-9-315 and is also attachment of a security interest in a supporting obligation for the collateral.

(g) The attachment of a security interest in a right to payment or performance secured by a security interest or other lien on personal or real property is also attachment of a security interest in the security interest, mortgage, or other lien.

(h) The attachment of a security interest in a securities account is also attachment of a security interest in the security entitlements carried in the securities account.

(i) The attachment of a security interest in a commodity account is also attachment of a security interest in the commodity contracts carried in the commodity account.

Source: SL 2000, ch 231; SL 2009, ch 254, § 826; SL 2024, ch 198, § 49.

§ 3-309. ENFORCEMENT OF LOST, DESTROYED, OR STOLEN INSTRUMENT.

(a) A person not in possession of an instrument is entitled to enforce the instrument if:

(1) the person seeking to enforce the instrument

(A) was entitled to enforce it the instrument when loss of possession occurred, or

(B) has directly or indirectly acquired ownership of the instrument from a person who was entitled to enforce the instrument when loss of possession occurred;

(2) the loss of possession was not the result of a transfer by the person or a lawful seizure; and

(3) the person cannot reasonably obtain possession of the instrument because the instrument was destroyed, its whereabouts cannot be determined, or it is in the wrongful possession of an unknown person or a person that cannot be found or is not amenable to service of process.

(b) A person seeking enforcement of an instrument under subsection (a) must prove the terms of the instrument and the person's right to enforce the instrument. If that proof is made, Section 3-308 applies to the case as if the person seeking enforcement had produced the instrument. The court may not enter judgment in favor of the person seeking enforcement unless it finds that the person required to pay the instrument is adequately protected against loss that might occur by reason of a claim by another person to enforce the instrument. Adequate protection may be provided by any reasonable means.

15 U.S. Code § 1692d - Harassment or abuse

U.S. Code Notes

[prev](#) | [next](#)

A debt collector may not engage in any conduct the natural consequence of which is to harass, oppress, or abuse any person in connection with the collection of a debt. Without limiting the general application of the foregoing, the following conduct is a violation of this section:

- (1) The use or threat of use of violence or other criminal means to harm the physical person, reputation, or property of any person.
- (2) The use of obscene or profane language or language the natural consequence of which is to abuse the hearer or reader.
- (3) The publication of a list of consumers who allegedly refuse to pay debts, except to a consumer reporting agency or to persons meeting the requirements of section 1681a(f) or 1681b(3) ⁽¹⁾ of this title.
- (4) The advertisement for sale of any debt to coerce payment of the debt.
- (5) Causing a telephone to ring or engaging any person in telephone conversation repeatedly or continuously with intent to annoy, abuse, or harass any person at the called number.
- (6) Except as provided in section 1692b of this title, the placement of telephone calls without meaningful disclosure of the caller's identity.

15 U.S. Code § 1692e - False or misleading representations

U.S. Code Notes

[prev](#) | [next](#)

A debt collector may not use any false, deceptive, or misleading representation or means in connection with the collection of any debt. Without limiting the general application of the foregoing, the following conduct is a violation of this section:

(1)The false representation or implication that the debt collector is vouched for, bonded by, or affiliated with the United States or any State, including the use of any badge, uniform, or facsimile thereof.

(2)The false representation of—

(A)the character, amount, or legal status of any debt; or

(B)any services rendered or compensation which may be lawfully received by any debt collector for the collection of a debt.

(3)The false representation or implication that any individual is an attorney or that any communication is from an attorney.

(4)The representation or implication that nonpayment of any debt will result in the arrest or imprisonment of any person or the seizure, garnishment, attachment, or sale of any property or wages of any person unless such action is lawful and the debt collector or creditor intends to take such action.

(5)The threat to take any action that cannot legally be taken or that is not intended to be taken.

(6)The false representation or implication that a sale, referral, or other transfer of any interest in a debt shall cause the consumer to—

(A)lose any claim or defense to payment of the debt; or

(B)become subject to any practice prohibited by this subchapter.

(7)The false representation or implication that the consumer committed any crime or other conduct in order to disgrace the consumer.

(8)Communicating or threatening to communicate to any person credit information which is known or which should be known to be false, including the failure to communicate that a disputed debt is disputed.

(9)The use or distribution of any written communication which simulates or is falsely represented to be a document authorized, issued, or approved by any

court, official, or agency of the United States or any State, or which creates a false impression as to its source, authorization, or approval.

(10)The use of any false representation or deceptive means to collect or attempt to collect any debt or to obtain information concerning a consumer.

(11)The failure to disclose in the initial written communication with the consumer and, in addition, if the initial communication with the consumer is oral, in that initial oral communication, that the debt collector is attempting to collect a debt and that any information obtained will be used for that purpose, and the failure to disclose in subsequent communications that the communication is from a debt collector, except that this paragraph shall not apply to a formal pleading made in connection with a legal action.

(12)The false representation or implication that accounts have been turned over to innocent purchasers for value.

(13)The false representation or implication that documents are legal process.

(14)The use of any business, company, or organization name other than the true name of the debt collector's business, company, or organization.

(15)The false representation or implication that documents are not legal process forms or do not require action by the consumer.

(16)The false representation or implication that a debt collector operates or is employed by a consumer reporting agency as defined by section 1681a(f) of this title.

15 U.S. Code § 1692f - Unfair practices

U.S. Code Notes

[prev](#) | [next](#)

A debt collector may not use unfair or unconscionable means to collect or attempt to collect any debt. Without limiting the general application of the foregoing, the following conduct is a violation of this section:

- (1) The collection of any amount (including any interest, fee, charge, or expense incidental to the principal obligation) unless such amount is expressly authorized by the agreement creating the debt or permitted by law.
- (2) The acceptance by a debt collector from any person of a check or other payment instrument postdated by more than five days unless such person is notified in writing of the debt collector's intent to deposit such check or instrument not more than ten nor less than three business days prior to such deposit.
- (3) The solicitation by a debt collector of any postdated check or other postdated payment instrument for the purpose of threatening or instituting criminal prosecution.
- (4) Depositing or threatening to deposit any postdated check or other postdated payment instrument prior to the date on such check or instrument.
- (5) Causing charges to be made to any person for communications by concealment of the true purpose of the communication. Such charges include, but are not limited to, collect telephone calls and telegram fees.
- (6) Taking or threatening to take any nonjudicial action to effect dispossession or disablement of property if—
 - (A) there is no present right to possession of the property claimed as collateral through an enforceable security interest;
 - (B) there is no present intention to take possession of the property; or
 - (C) the property is exempt by law from such dispossession or disablement.
- (7) Communicating with a consumer regarding a debt by post card.
- (8) Using any language or symbol, other than the debt collector's address, on any envelope when communicating with a consumer by use of the mails or by telegram, except that a debt collector may use his business name if such name does not indicate that he is in the debt collection business.

**IN THE STATE OF SOUTH DAKOTA
COUNTY OF PENNINGTON**

**IN CIVIL COURT
7TH JUDICIAL CIRCUIT**

Chyenne Waisanen, Daniel Waisanen Plaintiff.	Case no.: 51C1V84-00747
V.	Affidavit for Motion for Temporary Restraining Order
Credit Collection Bureau Defendant.	

Affidavit for Motion for Temporary Restraining Order

We, Chyenne and Daniel Waisanen, being duly sworn, depose and state as follows:

I. Factual Background

1. On June 20, 2024, a default judgment was entered against us for an alleged debt totaling \$6,116.04, including costs and pre-judgment interest.
2. On October 18, 2024, a writ of execution was issued, resulting in the seizure of our 2016 Ford F150 Supercrew Pickup (VIN: 1FTEW1EG3GFC33149), valued at approximately \$27,000, to satisfy the alleged debt.

II. Fraudulent and Improper Assignment of Debt

3. The alleged debt originates from medical services, but no signed contract exists between us and the medical provider.
4. The Defendant's documentation lacks proof of ownership or validity of the assigned debt, violating SDCL § 57A-9-203(b)(3).
5. The assignment of debt includes only itemized billing statements and lacks original agreements or consent forms.
6. The digital signature on the assignment lacks authentication metadata (e.g., IP address or timestamp), making its validity questionable under SDCL § 15-6-56(e).
7. Account numbers on the hospital's original consent forms do not match those on the assignments provided by the Defendant, undermining the assignment's validity.

III. Irreparable Harm

8. The seized vehicle is our work truck and critical to our small renovation business.

9. Without the vehicle, we are unable to transport materials, tools, and equipment necessary for completing renovation projects, directly jeopardizing our ability to generate income and sustain our livelihood.

10. The seizure has caused immediate and irreparable harm to our business and personal lives, as it is also essential for daily transportation.

11. The value of the seized vehicle significantly exceeds the amount of the alleged debt, resulting in an unjust windfall for the Defendant and an unnecessary burden on us.

IV. Legal Basis for Relief

12. Under SDCL § 57A-9-203(b), no valid security agreement exists between us and the Defendant, and they lack the right to enforce any interest in the vehicle.

13. Defendant has failed to provide clear evidence of a valid assignment of the alleged debt, as required under SDCL §§ 57A-3-203(b) and 57A-3-309(b).

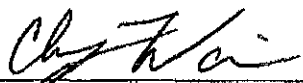
14. The sale of the vehicle would cause immediate and irreparable harm to our business and livelihood, warranting equitable relief under SDCL § 21-29-2.


V. Relief Requested

15. We respectfully request that the Court:

- Issue a temporary restraining order halting the sale of the 2016 Ford F150 Supercrew Pickup;
- Schedule a hearing to determine the continuation of the restraining order as a preliminary injunction; and
- Grant any other relief the Court deems just and equitable.

We affirm under penalty of perjury that the foregoing is true and correct to the best of our knowledge.


CHIYENNE WAISANEN
2315 E Philadelphia St
Rapid City SD 57703
N/A


DANIEL WAISANEN
2315 E Philadelphia St
Rapid City SD 57703
NA

*Date: 11.26.2024

Subscribed and sworn to before me this 26 day of Nov, 2024




Signature: 

Commission Expires: _____

FILED
Pennington County, SD
IN CLERK'S OFFICE

NOV 26 2024

Amber Watkins, Clerk of Courts
By  Deputy

SDCL 57A-9-203- Attachment and enforceability of security interest--Proceeds--Supporting obligations--Formal requisites.

(a) A security interest attaches to collateral when it becomes enforceable against the debtor with respect to the collateral, unless an agreement expressly postpones the time of attachment.

(b) Except as otherwise provided in subsections (c) through (i), a security interest is enforceable against the debtor and third parties with respect to the collateral only if:

- (1) Value has been given;
- (2) The debtor has rights in the collateral or the power to transfer rights in the collateral to a secured party; and
- (3) One of the following conditions is met:
 - (A) The debtor has signed a security agreement that provides a description of the collateral and, if the security interest covers timber to be cut, a description of the land concerned;
 - (B) The collateral is not a certificated security and is in the possession of the secured party under § 57A-9-313 pursuant to the debtor's security agreement;
 - (C) The collateral is a certificated security in registered form and the security certificate has been delivered to the secured party under § 57A-8-301 pursuant to the debtor's security agreement;
 - (D) The collateral is controllable accounts, controllable electronic records, controllable payment intangibles, deposit accounts, electronic documents, electronic money, investment property, or letter-of-credit rights, and the secured party has control under § 57A-7-106, 57A-9-104, 57A-9-105.1, 57A-9-106, 57A-9-107, or 57A-9-107.1 pursuant to the debtor's security agreement; or
 - (E) The collateral is chattel paper and the secured party has possession and control under § 57A-9-314.1 pursuant to the debtor's security agreement.

(c) Subsection (b) is subject to § 57A-4-210 on the security interest of a collecting bank, § 57A-5-118 on the security interest of a letter-of-credit issuer or nominated person, § 57A-9-110 on a security interest arising under chapter 57A-2 or 57A-2A, and § 57A-9-206 on security interests in investment property.

(d) A person becomes bound as debtor by a security agreement entered into by another person if, by operation of law other than this chapter or by contract:

- (1) The security agreement becomes effective to create a security interest in the person's property; or
- (2) The person becomes generally obligated for the obligations of the other person, including the obligation secured under the security agreement, and acquires or succeeds to all or substantially all of the assets of the other person.

(e) If a new debtor becomes bound as debtor by a security agreement entered into by another person:

- (1) The agreement satisfies subsection (b)(3) with respect to existing or after-acquired property of the new debtor to the extent the property is described in the agreement; and

57A-3-309. Enforcement of lost, destroyed, or stolen instrument.

(a) A person not in possession of an instrument is entitled to enforce the instrument if (i) the person was in possession of the instrument and entitled to enforce it when loss of possession occurred, (ii) the loss of possession was not the result of a transfer by the person or a lawful seizure, and (iii) the person cannot reasonably obtain possession of the instrument because the instrument was destroyed, its whereabouts cannot be determined, or it is in the wrongful possession of an unknown person or a person that cannot be found or is not amenable to service of process.

(b) A person seeking enforcement of an instrument under subsection (a) must prove the terms of the instrument and the person's right to enforce the instrument. If that proof is made, § 57A-3-308 applies to the case as if the person seeking enforcement had produced the instrument. The court may not enter judgment in favor of the person seeking enforcement unless it finds that the person required to pay the instrument is adequately protected against loss that might occur by reason of a claim by another person to enforce the instrument. Adequate protection may be provided by any reasonable means.

Source: SL 1994, ch 367, § 3-309.

15-6-56(e). Form of affidavits for summary judgment--Further testimony--Defense required.

Supporting and opposing affidavits shall be made on personal knowledge, shall set forth such facts as would be admissible in evidence, and shall show affirmatively that the affiant is competent to testify to the matters stated therein. Sworn or certified copies of all papers or parts thereof referred to in an affidavit shall be attached thereto or served therewith. The court may permit affidavits to be supplemented or opposed by depositions, answers to interrogatories, or further affidavits. When a motion for summary judgment is made and supported as provided in § 15-6-56, an adverse party may not rest upon the mere allegations or denials of his pleading, but his response, by affidavits or as otherwise provided in § 15-6-56, must set forth specific facts showing that there is a genuine issue for trial. If he does not so respond, summary judgment, if appropriate, shall be entered against him.

Source: SD RCP, Rule 56 (e), as adopted by Sup. Ct. Order March 29, 1966, effective July 1, 1966.

21-29-1. Power to issue writ--Purposes for which used.

The writ of mandamus may be issued by the Supreme and circuit courts, to any inferior tribunal, corporation, board, or person, to compel the performance of an act which the law specially enjoins as a duty resulting from an office, trust, or station; or to compel the admission of a party to the use and enjoyment of a right or office to which he is entitled, and from which he is unlawfully precluded by such inferior tribunal, corporation, board, or person.

Source: CCivP 1877, § 695; CL 1887, § 5517; RCCivP 1903, § 764; RC 1919, § 3006; SDC 1939 & Supp 1960, § 37.4501.

21-29-2. Writ issued when ordinary remedy inadequate--Application and affidavit.

The writ of mandamus must be issued in all cases where there is not a plain, speedy, and adequate remedy, in the ordinary course of law. It must be issued upon affidavit, upon the application of the party beneficially interested.

Source: CCivP 1877, § 696; CL 1887, § 5518; RCCivP 1903, § 765; RC 1919, § 3007; SDC 1939 & Supp 1960, § 37.4502.

**IN THE STATE OF SOUTH DAKOTA
COUNTY OF PENNINGTON**

**IN CIVIL COURT
7TH JUDICIAL CIRCUIT**

CHYENNE WAISANEN, DANIEL WAISANEN Plaintiff. V. CREDIT COLLECTION BUREAU Defendant.	Case no.: 5121V24-001747 Affidavit of Truth
------------------------------------------------------------------------------------------------------------	----------------------------------------------------

Affidavit of Truth

We, CHYENNE and DANIEL WAISANEN, of 2315 E Philadelphia St Rapid City South Dakota 57703, being duly sworn, do hereby make this Affidavit of Truth based upon my personal knowledge, belief, and understanding, and in accordance with the laws of the State of South Dakota. This affidavit is submitted to clarify the facts, irregularities, and procedural misconduct I have encountered in relation to the judgment placed against me, subsequent seizure of personal property, and actions taken by the involved agencies.

Timeline

Procedural Irregularities in Judgment and Execution

1. The judgment for wage garnishment lacked transparency, and the agency pursued a second execution after a "lost execution," compounding financial strain.
2. The writ of execution for the seizure was issued without specificity regarding the property to be seized, violating enforcement norms.

Fraudulent Documentation

3. The assignments of debt were signed electronically on the same day, regardless of the dates of service or acquisition of the debt.
4. The electronic signatures lack essential metadata (e.g., timestamps, IP addresses) to verify authenticity.
5. The signer for the hospital is untraceable, and email communications to her are undeliverable, raising doubts about the validity of the assignments.

Improper Disclosure of Personal Data

6. The court provided sensitive personal information without verifying the requestor's identity, breaching confidentiality protocols.

Misconduct During Seizure

7. The sheriff deputies did not allow us to retrieve essential items from the vehicle's front seat before its seizure.

8. The deputies were hesitant to allow access to the front seat to retrieve wallets, identification, and keys, imposing unnecessary restrictions.

9. The Plaintiff was terrified and unable to open the vehicle's front door to retrieve essential items, such as their wallet, keys, or other necessities, out of a well-founded concern that any action might result in detention or further escalation by the deputies present.

Intimidation and Unprofessional Conduct

10. Deputies openly admitted to following and surveilling us before executing the seizure, including blocking the driveway with a personal unmarked vehicle.

11. Their statements that "there's nothing you can do" dismissed our rights and responsibilities as a citizen, employing both force and coercion to assert dominance over the situation. Civil Sheriff's further pressured us by stating that "if we did not hand over the keys to facilitate the seizure, it would compromise the sale value of the vehicle", intensifying the coercive tactics used against us.

12. When we did not provide the keys to the sheriff, they proceeded to load the vehicle onto the tow truck while it was locked and in park, potentially causing damage to the vehicle in the process.

Repeated Denial of Motions Without Explanation

13. The court denied multiple motions without providing reasoning, leaving us with no recourse except to file this lawsuit.

Expanded Timeline for the Complaint

June 2024

14. Judgment issued for wage garnishment.

15. Bank account closed due to financial strain, but the agency failed to adapt collection methods in good faith.

Subsequent Executions

- 16. Execution for wage garnishment reported as lost or stolen.
- 17. New execution filed for seizure, lacking any description of the targeted property.

October 28, 2024

- 18. Sheriff visits our property and is informed that no assets of the debt's value are available.

October 30, 2024

- 19. Three deputies arrive to seize our vehicle:
 - One deputy uses a personal, unmarked vehicle to block the driveway.
 - The vehicle is taken while locked and in park, with no opportunity to retrieve personal items from the front seat.

Aftermath

- 20. Attempts to retrieve personal belongings are thwarted by the sheriff's office.
- 21. Additional motions to the court are denied without explanation.

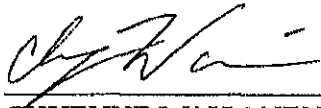
Legal and Emotional Impact

22. This sequence of events underscores a troubling pattern of procedural misconduct, exploitation of our lack of legal education, and actions that caused significant emotional distress. This case now reflects:

- **Fraudulent Practices:** Collection agency and court documents display signs of fabrication, inconsistent data, and lack of verification.
- **Abuse of Power:** The sheriff's office engaged in intimidation, surveillance, and misuse of authority.
- **Denial of Due Process:** Both the courts and enforcement agencies failed to safeguard our legal rights.
- **Emotional and Financial Harm:** The compounded stress, financial strain, and emotional toll justify seeking a significant award for damages.

I affirm under the penalties of perjury that the above is true and correct to the best of my knowledge.

Date:



CHYENNE WAISANEN
2315 E Philadelphia St
Rapid City SD 57703
N/A

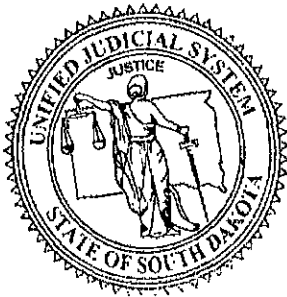


DANIEL WAISANEN
2315 E Philadelphia St
Rapid City SD 57703
N/A

Subscribed and sworn to before me this 26 day of NOV, 2024

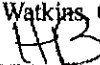
Notary Public Signature:  Notary Seal

My Commission Expires: _____



FILED
Pennington County, SD
IN CIRCUIT COURT

NOV 26 2024

Amber Watkins, Clerk of Courts
By  Deputy

**IN THE STATE OF SOUTH DAKOTA
COUNTY OF PENNINGTON**

**IN CIVIL COURT
7TH JUDICIAL CIRCUIT**

Chyenne Waisanen, Daniel Waisanen Plaintiff.	Case no.: 51CV24-00747
V.	MOTION FOR TEMPORARY RESTRAINING ORDER TO HALT SALE OF SEIZED PROPERTY
Credit Collection Bureau Defendant.	

**MOTION FOR TEMPORARY RESTRAINING ORDER TO HALT SALE OF SEIZED
PROPERTY**

NOW COME the Plaintiffs, Chyenne and Daniel Waisanen, pro se, respectfully requesting this Court to issue an order halting the sale of the Plaintiffs' personal property (a 2016 Ford F150 Supercrew Pickup (VIN: 1F1EW1EG3GFC33149)), which was unlawfully seized by the Defendant to satisfy an alleged judgment debt. The sale of the Plaintiffs' vehicle would cause irreparable harm, as it serves as a critical work vehicle essential to the operation of their business. Without this vehicle, the Plaintiffs would be unable to perform necessary business functions, jeopardizing their livelihood and ability to generate income. In support of this Motion, Plaintiffs state as follows:

I. FACTUAL BACKGROUND

1. The Alleged Judgment and Seizure

1.1. On June 20, 2024, a default judgment was entered in favor of Defendant for the alleged debt amount of \$4,669.17 cost of \$48.82 and Pre-judgment Interest for \$1398.05 totaling \$6116.04.

1.2. On October 18, 2024, Defendant obtained a writ of execution, leading to the seizure of Plaintiffs' personal property—a 2016 Ford F150 Supercrew Pickup (VIN: 1F1EW1EG3GFC33149) valued at approximately \$27,000—to satisfy this alleged debt.

2. Fraudulent and Improper Assignment of Debt

2.1. The debt in question stems from alleged medical services. Upon Plaintiffs' discovery, no original signed contract exists between Plaintiffs and the medical provider.

2.2. Defendant's documentation fails to establish ownership or validity of the assigned debt, as required under South Dakota Codified Laws (SDCL) § 57A-9-203(b)(3).

2.3. The "assignment of debt" contains only itemized billing statements with no attached consent forms or original agreements, violating the requirement for proof of enforceable obligations under SDCL § 57A-3-309(b).

2.4. The digital signature on the assignment lacks critical metadata (e.g., IP address or timestamp) to authenticate its validity, contrary to general evidentiary principles outlined in SDCL § 15-6-56(e) for electronic evidence.

3. Discrepancies in Account Numbers

3.1. Upon obtaining original consent forms from the hospital, Plaintiffs discovered that the account numbers listed on the hospital's documentation do not match the account numbers on the alleged assignments provided by Defendant. This inconsistency undermines the validity of the purported assignment under SDCL § 57A-9-203(b).

4. Irreparable Harm

4.1. Plaintiffs are suffering irreparable harm due to the seizure of their vehicle, which is essential for transportation, work, and daily living.

4.2. The value of the seized property grossly exceeds the amount of the alleged judgment, constituting an unjust windfall to the Defendant, in violation of equitable principles under SDCL § 21-29-1.

II. LEGAL ARGUMENT

1. Violation of UCC § 9-203

1.1. Under SDCL § 57A-9-203(b), a secured party cannot enforce a security interest unless:

- (1) Value has been given;
- (2) The debtor has rights in the collateral; and
- (3) There is an authenticated security agreement that provides a description of the collateral.

Here, no valid security agreement exists between Plaintiffs and Defendant. Defendant cannot enforce any interest in the vehicle under this statute.

2. Invalid Assignment of Debt

2.1. Under South Dakota law, a party seeking to enforce an assignment must provide a valid chain of title. SDCL § 57A-3-203(b) specifies that the transfer of an instrument is not enforceable unless there is clear evidence of the transfer.

2.2. Defendant's documentation does not meet the evidentiary standard for proving assignment under SDCL § 57A-3-309(b), which requires proof of terms and the right to enforce the instrument.

3. Equitable Relief

3.1. Plaintiffs face immediate and irreparable harm if the vehicle is sold at auction. Monetary compensation will not adequately restore the Plaintiffs' loss of their work vehicle, critical to their business and livelihood. Under SDCL § 21-29-2, this Court has the equitable authority to issue an injunction where irreparable harm and inadequate legal remedies exist.

III. RELIEF REQUESTED

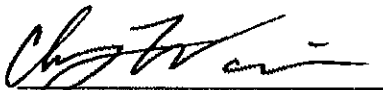
WHEREFORE, Plaintiffs respectfully request this Court:

1. Immediately issue a temporary restraining order halting the sale of the 2016 Ford F150 Supercrew Pickup until further order of this Court;
2. Schedule a hearing to determine the propriety of continuing the restraining order as a preliminary injunction;
3. Grant any other relief the Court deems just and equitable under the circumstances.

IV. DECLARATION OF PLAINTIFFS

We, Chyenne and Daniel Waisanen, declare under penalty of perjury that the foregoing is true and correct to the best of our knowledge and belief.

Date: 11.26.2024



CHYENNE WAISANEN
2315 E Philadelphia St
Rapid City SD 57703



DANIEL WAISANEN
2315 E Philadelphia St
Rapid City SD 57703

FILED
Pennington County, SD
IN CIRCUIT COURT

NOV 26 2024

Amber Watkins, Clerk of Courts

By HB Deputy 3

CONFIDENTIAL INFORMATION FORM (Required by SDCL 15-15A-9)

51SMC24-000747

CREDIT COLLECTIONS BUREAU

Case No. _____

Plaintiff/Petitioner

CHYENNE M & DANIEL WAISANEN

Defendant/Respondent

The information on this form is protected and shall not be placed in a publicly accessible portion of the court record. The filing documents will be placed in the public part of the court record devoid of this information.

NAME

**SOCIAL SECURITY NUMBER, EMPLOYER
IDENTIFICATION NUMBER, TAXPAYER
IDENTIFICATION NUMBER, FINANCIAL
ACCOUNT NUMBERS, and MEDICAL
ACCOUNT NUMBERS**

Plaintiff/Petitioner

1. CREDIT COLLECTIONS BUREAU

Defendant/Respondent

1. CHYENNE M & DANIEL WAISANEN

Others Parties (including minor children)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Information supplied by : _____

Signed: _____

Young J. Hymaier Legal Dept Director

Firm: CREDIT COLLECTIONS BUREAU

Address: PO BOX 9490

RAPID CITY, SD 57709

Date: 4/24/24

Documents Given
from clerk of courts

Form UJS-104 Rev. 10/2016

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, CHYENNE M
WAISANEN, DANIEL

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]
Statement Date: 05/17/2022
Date of last charge: 03/25/2022

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 205.01

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS
Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 03/25/2022
Date of Last Payment: 03/22/2023
Balance Due: 2050.19
Payments Received: 1845.18
Current Amount Owing: 205.01

214

[REDACTED]
10100

05/31/23

Acct #	Total Charges	Bal Due on Acct
	\$2,733.58	\$205.01 ✓

Chyenne M Waisanen
2315 E Philadelphia St
RAPID CITY SD 57703

Thank you for choosing Monument Health Rapid City Hospital for your healthcare needs. This is an itemization of the services provided during the visit on 03/25/22 through 03/25/22 for Chyenne M Waisanen.

Questions? Call toll free (844) 641-5134 Coverage(s) on file
Customer service representatives are available First Choice Commercial - First Choice
Mon - Fri 8:00 AM to 4:30 PM (except holidays). Health Asi.

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
Anesthesia-General					
03/25/22	0370	3700000300	Mac Anesthesia Facility Charge 1st 15 Min	1	\$278.00
Gastrointestinal (GI) Services-General					
03/25/22	0750	7500000200	HC Endo Level 2 First 15 Min	1	\$1,822.00
Laboratory-General					
03/25/22	0302	3028667700	Helicobacter Pylori Ab	1	\$109.00
Pharmacy-General					
03/25/22	0258	J7120	Lr Parenteral Solution (0338-0117-04)	1	\$82.00
03/25/22	0250	2500000200	Ketamine 50 Mg/5 MI (10 Mg/MI) Syringe (01553-320-33)	1	\$86.19
03/25/22	0636	J2704	Propofol 10 Mg/MI Emulsion (63323-269-29)	15	\$51.30
03/25/22	0636	J2704	Propofol 10 Mg/MI Emulsion (63323-269-29)	25	\$85.50
03/25/22	0250	2500000200	Benzocaine 20 % Spray, Non-Aerosol 1 Each Pf Appl (0283-0610-43)	1	\$81.59
Recovery Room-General					
03/25/22	0710	7100000900	Recovery Phase-2 1st 1/2 Hour Acuity Level 1	1	\$168.00
Total Charges					\$2,733.58

Hospital Payments and Adjustments

Date	Description	Amount
03/17/23	First Choice Commercial Payments Coinsurance: \$205.01	-\$1,845.18
04/25/22	First Choice Commercial Adjustments	-\$683.39
Total Insurance Payments and Adjustments		-\$2,528.57

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, CHYENNE

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date:

Date of last charge: 12/22/2022

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account; and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 199.22

Name of firm: BLACK HILLS URGENT CARE

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 12/22/2022

Date of Last Payment:

Balance Due: 199.22

Payments Received: 0.00

Current Amount Owling: 199.22

214

[REDACTED]
25302

Black Hills Urgent Care
PO Box 24085
Seattle, WA 98124-0085

CHYENNE WAISANEN
2315 E PHILADELPHIA ST
RAPID CITY, SD 57703

IF PAYING BY MASTERCARD OR VISA FILL OUT BELOW

<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX	
CARD NUMBER	EXP. DATE
SIGNATURE	SHOW AMOUNT PAID HERE
STATEMENT DATE 5/31/2023	ACCT# [REDACTED]

Black Hills Urgent Care, LLC
PO Box 24085
Seattle, WA 98124-0085

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

Please detach and send above with payment. To pay your bill online, go to <http://bhucare.com/>

ACCOUNT SUMMARY Acct #: 430808

<p><u>The Insurance Companies on file for these visits:</u> CHYENNE WAISANEN UHC 0139 BCBS SD 6327 82969</p>	<p>Out to Insurance: \$288.00 You have paid \$10.00 as copays that are still pending.</p> <p>You have \$0.00 currently in your responsibility. You have \$0.00 available as a credit. You owe \$0.00 today.</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Visit Date: 12/22/2022
 Visit ID: [REDACTED]
 Patient: CHYENNE
 Location: Black Hills Urgent Care Haines Avenue
 Physician: Christopher Wenger, MD

	CHARGES	INSURANCE PAYMENT	CONTRACT SAVINGS	PATIENT PAYMENT	ADJUSTMENT	BALANCE	RESPONSIBLE PARTY	DENIAL CODE
99213 Office/outpatient visit est	\$150.00	\$0.00	\$5.18	\$0.00	\$144.82	\$0.00		DED
A4566 Slings	\$27.00	\$0.00	\$27.00	\$0.00	\$0.00	\$0.00		BUNDLED
A6448 LL comprs bandage elast with < 3 in	\$2.00	\$0.00	\$2.00	\$0.00	\$0.00	\$0.00		BUNDLED
73070.1 XR ELBOW 2V (AP/LAT)	\$104.00	\$0.00	\$49.60	\$0.00	\$54.40	\$0.00		DED
	\$283.00	\$0.00	\$83.78	\$0.00	\$199.22 ✓	\$0.00		

A finance charge is computed on a monthly periodic rate of 0.00%, 0% annually on any balances over 0 days.

Explanation of outstanding balance(s):

BUNDLED: The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.

DED: Insurance company indicates this amount is due by the patient as a deductible and has also been applied to your yearly deductible amount.

PATIENT OWES:
\$0.00
INSURANCE OWES:
\$288.00

Thank you for choosing Black Hills Urgent Care. It was our pleasure to serve you. For questions regarding your account or to make a payment, please call 605-863-8970. Page 1 of 1

02-05-24 14:12 FROM: Scovel

6057218928

T-822 P0002/0002 F-446

CREDIT COLLECTIONS BUREAU
PO Box 9490

January 30, 2024

KATHY ALT
SCOVEL PSYCHOLOGICAL
PO BOX 387
RAPID CITY SD 57709

Dear Client,

We recommend legal action to assist in the collection of this account.

- * PLEASE SIGN THIS ASSIGNMENT WITH BLACK MARKS
- * EMAIL TO: ccclientmail@ccbinet.com

Sincerely,

Client Services Department.

214 15 LAQ

NEWASMT SD

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name(s): CHEYENNE M WAISANEN

Client Account No.:

CCB Account No.:

Statement Date:

Date of last charge: 04-13-22

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for assignor.

Please confirm current amount owing: \$186.60 ✓

If you are showing a different amount owing, please write that amount here \$ and initial here

Name of firm: SCOVEL PSYCHOLOGICAL

Signed:

Title:

Client No.:

605-721-8928

*****STATEMENT OF ACCOUNT*****

Date of Service: 04-13-22

Date of last Payment:

Balance Due: \$186.60

Payments Received: \$0.00

Current Amount Owing: \$186.60

08-06-23 11:35 FROM- Scovel

6057218928

T-488



Scovel Psychological
2902 W. Main St., Ste. 2
Rapid City, SD 57702-8174
Phone: 605-721-8822 | Fax: 605-721-8928

AUTHORIZATION FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

As required by the Health Insurance Portability and Accountability Act of 1996, Scovel Psychological may not use or disclose your health information without your authorization except as provided in our Notice of Privacy Practices. Your signature on this form indicates that you are giving permission for the uses and disclosures described herein. You may revoke this authorization at any time by signing and dating the revocation section on your copy of this form and returning it to this office.

AUTHORIZATION SECTION

I, **Chyenne Waisanen**

hereby authorize and request the use and disclosure of all of the health information that pertains to me. I authorize and request Scovel Psychological to make these disclosures of my health information. I authorize and request the following persons to receive these disclosures of my health information and elect not to provide statement of purpose for the use of the disclosure to the following persons (please print):

Daniel Waisanen Husband

I understand that information disclosed pursuant to this authorization may be re-disclosed to additional parties and no longer be protected.

I understand that this authorization will automatically expire after 5 years, but that I may revoke this authorization at any time by signing the revocation section of my copy of this form and returning it to Scovel Psychological. I further understand that any such revocation does not apply to the extent that persons authorized to use or disclose my health information have already acted in reliance on this authorization.

I understand that I am under no obligation to sign this authorization. I further understand that my ability to obtain treatment will not depend in any way on whether I sign this authorization or not.

12/22/2021

Signature of Patient or Parent of Minor
Child

Only complete this section if you wish to revoke this authorization:

I revoke this authorization effective

12/22/2021

Signature

08-06-'23 11:36 FROM- Scovel

8057218928



Scovel Psychological
2802 W. Main St., Ste. 2
Rapid City, SD 57702-6174
Phone: 605-721-8822 | Fax: 605-721-8928
Scovel Psychological and Counseling Services, Ltd.

Consent for Receiving and the Method of Receiving Appointment Reminders

I explicitly authorize Scovel Psychological and Counseling Services, Ltd. to use or disclose my protected health information for the purpose of notifying me of future appointments. Scovel Psychological and Counseling Services, Ltd. may remind me of the date and time of my next appointment by one of the following methods.

NOTE: Please check the method you want to be contacted. Also provide a your preferred phone number/email to receive the appointment reminders.

Text.

Please provide your cell phone or email if you are wanting appointment reminders by text or email.

Call

[REDACTED]

Email

[REDACTED]

I may revoke my consent in writing except to the extent that the Practice has already made disclosures upon my prior consent.

Signature of Patient or Legal Guardian

06-06-23 11:35 FROM- Soovel

6057218928

Soovel Psychological
2902 W. Main St., Ste. 2
Rapid City, SD 57708-8174
Phone: 605-721-8622 Fax: 605-721-8928
Tax ID: [REDACTED] PI: 1578744504

Phyllis E. Soovel

Walesham, Chayenne M (MRN: 0000004756)
2315 E PHILADELPHIA ST
RAPID CITY, SD 57709

Primary Payer (Policy #): SOUND HEALTH #2 [REDACTED]

Claim #	DOB	Pay	Co-pay	Diagnosis	Facility	Provider	Billed	Allowed	Ins Pay	Pat Pay	Adj	Write Off	Net R	Balance	Responsibility
724742	01/12/2022	25.00	0.00	F92.1	Soovel Psychological & Counseling Services	Sternhagen, Scott, PhD	230.00	177.50	147.50	20.00	42.44	0.00	0.00	0.00	Patient
724334	01/17/2022	25.00	0.00	F92.1	Soovel Psychological & Counseling Services	Sternhagen, Scott, PhD	175.00	149.82	119.82	30.00	25.48	0.00	0.00	0.00	Patient
724559	01/24/2022	25.00	0.00	F92.1	Soovel Psychological & Counseling Services	Sternhagen, Scott, PhD	175.00	149.82	119.82	30.00	25.48	0.00	0.00	0.00	Patient
724646	02/01/2022	25.00	0.00	F92.1	Soovel Psychological & Counseling Services	Sternhagen, Scott, PhD	175.00	149.82	119.82	30.00	25.48	0.00	0.00	0.00	Patient
724904	02/08/2022	25.00	0.00	F92.1	Soovel Psychological & Counseling Services	Sternhagen, Scott, PhD	175.00	149.82	119.82	30.00	25.48	0.00	0.00	0.00	Patient
725194	02/21/2022	30.00	0.00	F92.1	Soovel Psychological & Counseling Services	Sternhagen, Scott, PhD	175.00	149.82	119.82	0.00	25.48	30.00	0.00	0.00	Patient
725470	02/28/2022	30.00	0.00	F92.1	Soovel Psychological & Counseling Services	Sternhagen, Scott, PhD	175.00	149.82	119.82	0.00	25.48	30.00	0.00	0.00	Patient
725524	03/08/2022	30.00	0.00	F92.1	Soovel Psychological & Counseling Services	Sternhagen, Scott, PhD	175.00	148.40	118.40	0.00	25.60	30.00	0.00	0.00	Patient
725733	03/16/2022	30.00	0.00	F92.1	Soovel Psychological & Counseling Services	Sternhagen, Scott, PhD	175.00	148.40	118.40	0.00	25.60	30.00	0.00	0.00	Patient
726109	03/29/2022	30.00	0.00	F92.1	Soovel Psychological & Counseling Services	Sternhagen, Scott, PhD	190.00	148.40	118.40	0.00	41.60	30.00	0.00	0.00	Patient
726483	04/18/2022	30.00	0.00	F92.1	Soovel Psychological & Counseling Services	Sternhagen, Scott, PhD	190.00	148.40	118.40	0.00	41.60	30.00	0.00	0.00	Patient
							Total (\$):	2000.00	1694.28	1398.28	148.40	381.72	169.40	0.00	0.00

Financial Summary

Aging: By Age Group (in \$)					Aging:		
	Current	61-90 Days	91-120 Days	Over 120 Days	Primary (\$): 0.00 (0.00%)	Secondary (\$): 0.00 (0.00%)	Tertiary (\$): 0.00 (0.00%)
Insurance Aging (\$)	0.00	0.00	0.00	0.00	Patient (\$): 0.00 (0.00%)	Total (\$): 0.00 (0.00%)	
Patient Aging (\$)	0.00	0.00	0.00	0.00	Insurance Unapplied Credit (\$): 00.00	Patient Unapplied Credit (\$): 00.00	

06-06-'23 11:36 FROM: Scovel

6057218928

Payment Receipt

Waisanen, Chayenne M. [REDACTED]
2315 E PHILADELPHIA ST
Rapid City, SD 57703

Scovel Psychological
2902 W. Main St., Ste. 2
Rapid City, SD 57702
Phone: 605-721-8822 Fax: 605-721-8928

Receipt #: [REDACTED]

Receipt Date: 02/08/2022

Provider: Sternhagen, Scott, PhD

Paid Amount: \$25.00

Paid by: Online

Description:

Processed by,

Christine P.

06-06-23 11:36 FROM- Scoovel

8057218928

Payment Receipt

Walsanen, Cheyenne M [REDACTED]
2315 E PHILADELPHIA ST
Rapid City, SD 57703

Scoovel Psychological
2902 W. Main St., Ste. 2
Rapid City, SD 57702
Phone: 605-721-8822 Fax: 605-721-8928

Receipt #: [REDACTED]3

Receipt Date: 05/10/2022

Provider: Stenhegen, Scott, PhD

Paid Amount: \$118.40

Paid by: Online

Description: Collected unapplied credit \$118.40 through Easy Pay with Transaction # 1271 on 05/10/2022 12:28 PM

Processed by,

User, EasyPay.

CREDIT COLLECTIONS BUREAU
PO Box 9490

January 30, 2024

MISSY
ACTION MECHANICAL
PO BOX 880
RAPID CITY SD 57709-0880

1520

Dear Client,

We recommend legal action to assist in the collection of this account.

* PLEASE SIGN THIS ASSIGNMENT WITH BLACK SHARPIE
* EMAIL TO: ccclientmail@ccbinet.com

Sincerely,

Client Services Department.

214 214 LAO
[REDACTED]

NEWASMT SD

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name(s): DAN WAISANEN
CHYENNE WAISANEN

Client Account No.: [REDACTED]

CCB Account No.: [REDACTED]

Statement Date:

Date of last charge: 09-30-22

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for assignor.

Please confirm current amount owing: \$207.04

If you are showing a different amount owing, please write that amount here \$ and initial here .

Name of firm: ACTION MECHANICAL

Signed: [Signature] Title: President

Client No.: [REDACTED] GET TO JEFFC

STATEMENT OF ACCOUNT

Date of Service: 09-30-22

Balance Due: \$207.04

Date of Last Payment:

Payments Received: \$0.00

Current Amount Owing: \$207.04

STATEMENT

ACTION MECHANICAL, INC.
PO BOX 880
RAPID CITY SD 57709-0880
(605) 348-5212

02-08-23	

WALISANEN, DAN OR CHYENNE
2315 N PHILADELPHIA ST
RAPID CITY SD 57705

DATE		DESCRIPTION		AMOUNT	
09-30-22	2034495	OUTSTANDING OPEN ITEMS ***** DISCONNECTED AC.		153.36	
MAKE PAYMENTS now online at WWW.ACTIONMEC.COM					
35% Finance charge on all unpaid invoices 31 days past invoice date					53.68
					BALANCE
0.00	0.00	0.00	0.00	153.36	153.36

207.04 ✓



PLUMBING - HEATING - SHEET METAL - AIR CONDITIONING

1866 Lombardy Drive - PO Box 880
Rapid City, SD 57709-0880Phone: (605)348-8212
Fax: (605)348-8984

Billed To / Ship To

WORK DATE
INVOICE DATE
PO NUMBER

9/23/22

WATKINSON, DAN OR CHEYENNE
2315 E PHILADELPHIA ST

AC DISCONNECT

RAPID CITY SD 57703

(605) 206-0081
DISCONNECTED AC

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1.50	BLAKE BARKEN	96.0000	144.00
	TAXABLE AMOUNT		144.00
	EXCISE OR SALES TAX		9.36
	FREIGHT		0.00
	MISC. CHARGES		0.00
	MISC		0.00
	TOTAL INVOICE		163.36

36% Finance Charge on all unpaid invoices 31 days past invoice date.
PAYMENTS now online at WWW.ACTIONMECO.COM

MECHANICAL CONTRACTORS

COMMERCIAL * INDUSTRIAL * RESIDENTIAL * SALES * SERVICE

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, CHYENNE

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date:

Date of last charge: 10/24/2018

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 72.00

Name of firm: BLACK HILLS URGENT CARE

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 10/24/2018

Date of Last Payment:

Balance Due: 72.00

Payments Received: 0.00

Current Amount Owling: 72.00

214

[REDACTED]
25302

Black Hills Urgent Care
PO Box 24085
Seattle, WA 98124-0085

CHYENNE WAISANEN
2315 E PHILADELPHIA ST
RAPID CITY, SD 57703

IF PAYING BY MASTERCARD OR VISA FILL OUT BELOW

<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA	
<input type="checkbox"/> AMEX	
CARD NUMBER	EXP. DATE
SIGNATURE	SHOW AMOUNT PAID HERE
STATEMENT DATE 5/31/2023	ACCT# [REDACTED]

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

Black Hills Urgent Care, LLC
PO Box 24085
Seattle, WA 98124-0085

Please detach and send above with payment. To pay your bill online, go to <http://bhucare.com/>

ACCOUNT SUMMARY

Acct #: [REDACTED]

The Insurance Companies on file for these visits:

CHYENNE WAISANEN
UHC
0138
BCBS SD
[REDACTED]

Out to Insurance: \$288.00

You have paid \$10.00 as copays that are still pending.

You have \$0.00 currently in your responsibility.

You have \$0.00 available as a credit.

You owe \$0.00 today.

Visit Date: 10/24/2018

Visit ID: [REDACTED]

Patient: CHYENNE

Location: Black Hills Urgent Care Haines Avenue

Physician: Natalie Woodridge, CNP

	CHARGES	INSURANCE PAYMENT	CONTRACT SAVINGS	PATIENT PAYMENT	ADJUSTMENT	BALANCE	RESPONSIBLE PARTY	DENIAL CODE
87186 Microbe susceptible mlo	\$13.50	\$0.00	\$0.00	\$7.50	\$6.00	\$0.00		
99203 Office/outpatient visit new	\$150.00	\$0.00	\$0.00	\$150.00	\$0.00	\$0.00		
98372 Ther/proph/diag inj sc/im	\$46.00	\$0.00	\$0.00	\$46.00	\$0.00	\$0.00		
87077 Culture aerobic identify	\$12.50	\$0.00	\$0.00	\$0.00	\$12.50	\$0.00		
38416.1 ROUTINE VENIPUNCTURE	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	\$0.00		
80053.1 CMP	\$15.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00		
81003.1 URINALYSIS AUTO W/SCOPE	\$12.00	\$0.00	\$0.00	\$0.00	\$12.00	\$0.00		
81025.1 URINE HCG	\$20.00	\$0.00	\$0.00	\$20.00	\$0.00	\$0.00		
85025.1 CBC	\$12.00	\$0.00	\$0.00	\$0.00	\$12.00	\$0.00		
87086.1 URINE CULTURE/COLONY COUNT	\$12.50	\$0.00	\$0.00	\$0.00	\$12.50	\$0.00		
J0896 Inj ceftriaxone sodium per 250 mg	\$12.00	\$0.00	\$0.00	\$0.00	\$12.00	\$0.00		
	\$310.50	\$0.00	\$0.00	\$236.50	\$72.00 ✓	\$0.00		

A finance charge is computed on a monthly periodic rate of 0.00%, 0% annually on any balances over 0 days.

PATIENT OWES:
\$0.00
INSURANCE OWES:
\$288.00

Thank you for choosing Black Hills Urgent Care. It was our pleasure to serve you. For questions regarding your account or to make a payment, please call 605-863-9870. Page 1 of 1

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, CHYENNE M

CCB Account No. [REDACTED]

Client Account No: [REDACTED]

Statement Date: 03/26/2023

Date of last charge: 02/27/2023

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 1009.83

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 02/27/2023

Date of Last Payment:

Balance Due: 1009.83

Payments Received: 0.00

Current Amount Owing: 1009.83

214

[REDACTED]
10100

01/29/24

Acct #	Total Charges	Bal Due on Acct
	\$8,633.14	\$1,009.83 ✓

Chyenne M Waisanen
2315 E Philadelphia St
RAPID CITY SD 57703

Thank you for choosing Monument Health Rapid City Hospital for your healthcare needs. This is an itemization of the services provided during the visit on 02/27/23 through 02/27/23 for Chyenne M Waisanen.

Questions? Call toll free (844) 641-5134 Coverage(s) on file
Customer service representatives are available Blue Cross Blue Shield Wellmark - BCBS
Mon - Fri 8:00 AM to 4:30 PM (except holidays). South Dakota

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
CT Scan-General					
02/27/23	0352	3527417700	CT Abdomen & Pelvis W/Contrast Material	1	\$5,312.00
02/27/23	0352	3200100400	HC Cdsm National Decision Support Company	1	\$0.01
Emergency Room-General					
02/27/23	0450	4509928400	HC EMERGENCY DEPARTMENT VISIT LEVEL 4 Mod SEVERITY	1	\$1,208.00
02/27/23	0450	2809637400	Ther Proph/Dx Njx IV Push Single/1st Sbst/Drug	1	\$370.00
02/27/23	0450	2809637500	Therapeutic Injection IV Push Each New Drug	1	\$219.00
IV Therapy-General					
02/27/23	0260	2609636100	IV Infusion Hydration Each Additional Hour	1	\$117.00
Laboratory-General					
02/27/23	0307	3078100100	Urine Auto With Micro	1	\$89.00
02/27/23	0300	3003641500	Collection Venous Blood Venipuncture	1	\$50.00
02/27/23	0301	3018005300	Cmp Comprehensive Metabolic	1	\$192.00
02/27/23	0301	3018369000	Lipase	1	\$144.00
02/27/23	0301	3018470300	Hcg Qual Preg Test	1	\$142.00
02/27/23	0305	3058502500	Complete Bl Count W Diff Auto	1	\$129.00
Pharmacy-General					
02/27/23	0250	J7030	Sodium Chloride 0.9 % 0.9 % Bolus Parenteral Solution (0338-0049-04)	1	\$94.20
02/27/23	0636	J2270	Morphine 4 Mg/ML Solution (0409-1891-03)	1	\$111.38
02/27/23	0636	J2405	Ondansetron 4 Mg/2 ML Solution (80505-8130-0)	4	\$104.60
02/27/23	0255	Q9967	Iopamidol 370 Mg Iodine /ML (76 %) Solution (0270-1316-37)	140	\$372.95
Total Charges					\$8,633.14

Hospital Payments and Adjustments

Date	Description	Amount
03/22/23	Blue Cross Blue Shield Wellmark Payments	-
	Deductible: \$750.00	\$1,286.66
	Coinsurance: \$259.83	

Date	Description	Amount
03/22/23	Blue Cross Blue Shield Wellmark Adjustments	-\$8,336.75
	Total Insurance Payments and Adjustments	-\$7,623.31

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, DANIEL

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date: 03/03/2022

Date of last charge: 09/10/2021

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 213.22

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 09/10/2021

Date of Last Payment:

Balance Due: 213.22

Payments Received: 0.00

Current Amount Owning: 213.22

214

[REDACTED]
10100

05/16/22

Acct #	Total Charges	Bal Due on Acct
[REDACTED]	\$2,843.01	\$213.22 ✓

Daniel Waisanen
2315 E Philadelphia St
Rapid City SD 57703-1718

Thank you for choosing Monument Health Orthopedic & Specialty Hospital for your healthcare needs. This is an itemization of the services provided during the visit on 09/10/21 through 09/10/21 for Daniel Waisanen.

Questions? Call toll free (844) 641-5134 Coverage(s) on file
Customer service representatives are available First Choice Commercial - First Choice
Mon - Fri 8:00 AM to 4:30 PM (except holidays). Health Asl

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
MAGNETIC RESONANCE TECHNOLOGY-GENERAL					
09/10/21	0612	6127214100	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	1	\$2,843.00
09/10/21	0612	3200100400	Ho Cdm National Decision Support Company	1	\$0.01
			Total Charges		\$2,843.01

Hospital Payments and Adjustments

Date	Description	Amount
02/11/22	First Choice Commercial Payments Coinsurance: \$213.22	-\$1,919.03
02/11/22	First Choice Commercial Adjustments	-\$710.76
	Total Insurance Payments and Adjustments	-\$2,629.79

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, CHYENNE

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date:

Date of last charge: 01/11/2022

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 214.91

Name of firm: DAKOTA RADIOLOGY

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 01/11/2022

Date of Last Payment:

Balance Due: 214.91

Payments Received: 0.00

Current Amount Owling: 214.91

214

50099

Collection Agency Report
Client: DAKOTA RADIOLOGY
Run date: 06-06-2023 11:49:51 AM

Guarantor Information

WAISANEN, CHYENNE M
 2315 B PHILADELPHIA ST
 RAPID CITY, SD 57703

Home Phone: (605) 266-0051
 Work Phone:
 Fax:
 Address Ind: Unknown

Guarantor ID: [REDACTED]

Patient: WAISANEN, CHYENNE M
 Primary: F1007 - FIRST CHOICE HEALTH

Patient ID: [REDACTED] DOB: [REDACTED] Sex: F

Provider	DOS	Creation Date	Primary Date Filed	Service	Amount	Balance
*HABBE, THOMAS G. (1336106012)	12/07/21	12/13/21	12/13/21	93975 - VASCULAR STUDY	349.00	0.00
				01/07/22 - Commercial Payment (COP)	296.08	
				Insurance Payment SubTotal:	296.08	
				01/07/22 - Commercial Non Allowed (C)	27.92	
				Insurance Write-Off SubTotal:	27.92	
				04/19/22 - Credit Collection Bureau (CC)	25.00	
				Guarantor Credit SubTotal:	25.00	
*NIGAM, RISHI A. (1205268435)	01/03/22	01/08/22	01/09/22	76770 - US EXAM ABDO BACK WALL COMP	142.00	0.00
				02/09/22 - Commercial Payment (COP)	100.64	
				Insurance Payment SubTotal:	100.64	
				02/09/22 - Commercial Non Allowed (C)	11.36	
				Insurance Write-Off SubTotal:	11.36	
				04/19/22 - Credit Collection Bureau (CC)	30.00	
				Guarantor Credit SubTotal:	30.00	
*VOIGT, CHARLES . (1003927666)	01/11/22	01/17/22	01/17/22	50390 - DRAINAGE OF KIDNEY LESION	384.00	0.00
				03/04/22 - Commercial Payment (COP)	53.89	
				Insurance Payment SubTotal:	53.89	
				03/04/22 - Commercial Non Allowed (C)	115.20	
				Insurance Write-Off SubTotal:	115.20	
				06/07/22 - Credit Collection Bureau (CC)	214.91	
				Guarantor Credit SubTotal:	214.91	
*VOIGT, CHARLES . (1003927666)	01/11/22	01/17/22	01/17/22	50390 - DRAINAGE OF KIDNEY LESION	384.00	0.00
				03/04/22 - Commercial Payment (COP)	235.02	
				Insurance Payment SubTotal:	235.02	
				03/04/22 - Commercial Non Allowed (C)	115.20	
				Insurance Write-Off SubTotal:	115.20	
				06/07/22 - Credit Collection Bureau (CC)	33.78	
				Guarantor Credit SubTotal:	33.78	
*VOIGT, CHARLES . (1003927666)	01/11/22	01/17/22	01/17/22	77012 - CT SCAN FOR NEEDLE BIOPSY	225.00	0.00
				03/04/22 - Commercial Payment (COP)	137.71	
				Insurance Payment SubTotal:	137.71	

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, CHYENNE M

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date:

Date of last charge: 02/27/2023

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 83.00

Name of firm: RAPID CITY EMERGENCY SERVICES

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 02/27/2023

Date of Last Payment:

Balance Due: 83.00

Payments Received: 0.00

Current Amount Owling: 83.00

214

25607

159 of 190

Collection Agency Report**Client: RAPID CITY EMERGENCY SERVICES PA****Run date: 02-22-2024 07:21:39 AM****Guarantor Information**

WAISANEN, CHYENNE M
2315 E PHILADELPHIA ST
RAPID CITY, SD 57703

Home Phone: (605) 206-0051**Guarantor ID:** [REDACTED]**Work Phone:****Fax:****Address Ind:** Unknown**Patient: WAISANEN, CHYENNE M****Patient ID:** [REDACTED]**DOB:** [REDACTED]**Sex:** F**Primary:** BC354 - BCBS OF SOUTH DAKOTA**Secondary:** P1009 - FIRST CHOICE HEALTH ADMIN

<u>Provider</u>	<u>DOB</u>	<u>Creation Date</u>	<u>Primary Date Filed</u>	<u>Service</u>	<u>Amount</u>	<u>Balance</u>
*WEYER, CNP, NICOLE M. (1730711144)	02/27/23	03/04/23	03/31/23	99285 - EMERGENCY DEPT VISIT HIMDM	\$41.00	0.00
				04/18/23 - Blue Shield Payment (BSP)	332.00	
				Insurance Payment SubTotal:	332.00	
				04/18/23 - Blue Shield Non Allowed (BS	426.00	
				Insurance Write-Off SubTotal:	426.00	
				08/31/23 - Credit Collection Bureau (CC	83.00	
				Guarantor Credit SubTotal:	83.00	

Total Chgs: \$ 841.00 **Total Pmts:** \$ 332.00 **Total WOs:** \$ 426.00 **Total Adjst:** \$ 83.00 **Total Bal:** \$ 0.00

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, DANIEL

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date: 02/01/2022

Date of last charge: 11/30/2021

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 82.95

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 11/30/2021

Date of Last Payment:

Balance Due: 82.95

Payments Received: 0.00

Current Amount Owing: 82.95

214

10100

05/16/22

Acct #	Total Charges	Bal Due on Acct
[REDACTED]	\$1,106.00	\$82.95 ✓

Daniel Waisanen
2315 E Philadelphia St
Rapid City SD 57703-1718

Thank you for choosing Monument Health Orthopedic & Specialty Hospital for your healthcare needs. This is an itemization of the services provided during the visit on 11/02/21 through 11/30/21 for Daniel Waisanen.

Questions? Call toll free (844) 641-5134 Coverage(s) on file
Customer service representatives are available First Choice Commercial - First Choice
Mon - Fri 8:00 AM to 4:30 PM (except holidays). Health Asi

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
PHYSICAL THERAPY-GENERAL					
11/02/21	0420	4209701200	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	1	\$82.00
11/02/21	0420	4209714000	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	2	\$160.00
11/08/21	0420	4209701200	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	1	\$82.00
11/08/21	0421	4219711000	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	1	\$80.00
11/08/21	0420	4209714000	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	1	\$80.00
11/10/21	0421	4219711000	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	1	\$80.00
11/10/21	0420	4209714000	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	1	\$80.00
11/10/21	0420	4209701200	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	1	\$82.00
11/16/21	0421	4219711000	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	1	\$80.00
11/16/21	0420	4209703600	APPL MODALITY 1/> AREAS ULTRASOUND EA 15 MIN	1	\$80.00
11/16/21	0420	4209714000	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	1	\$80.00
11/16/21	0421	4219711000	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	1	\$80.00
11/16/21	0420	4209703600	APPL MODALITY 1/> AREAS ULTRASOUND EA 15 MIN	1	\$80.00
11/16/21	0420	4209714000	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	1	\$80.00
			Total Charges		\$1,106.00

Hospital Payments and Adjustments

Date	Description	Amount
01/24/22	First Choice Commercial Payments Coinsurance: \$82.95	-\$748.55
01/24/22	First Choice Commercial Adjustments	-\$276.50
	Total Insurance Payments and Adjustments	-\$1,023.05

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, CHYENNE M

CCB Account No. [REDACTED]

Client Account No: [REDACTED]

Statement Date: 06/16/2022

Date of last charge: 11/02/2021

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 600.00

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 11/02/2021

Date of Last Payment:

Balance Due: 600.00

Payments Received: 0.00

Current Amount Owning: 600.00

214

[REDACTED]
10100

05/31/23

Acct #	Total Charges	Bal Due on Acct
[REDACTED]	\$600.00	\$600.00 ✓

Chyenne M Waisanen
2315 E Philadelphia St
RAPID CITY SD 57703

Thank you for choosing Monument Health Rapid City Clinic Burlage, Robin, RD for your healthcare needs. This is an itemization of the services provided during the visit on 11/02/21 through 11/02/21 for Chyenne M Waisanen.

Questions?

Call toll free (844) 641-5134

Customer service representatives are available
Mon - Fri 8:00 AM to 4:30 PM (except holidays).

Coverage(s) on file

First Choice Commercial - First Choice
Health Asi

Professional Charges

Svc Dt	Procedure Code	Procedure - Patient-Friendly Name	Proc Qty	Orig Amt	Total Bal
11/02/2021	97802	Med Nutr Ther, 1st, Indiv, Ea 15 Min	6	\$600.00	-

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, CHYENNE M

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date: 06/16/2022

Date of last charge: 12/06/2021

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 340.00

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 12/06/2021

Date of Last Payment:

Balance Due: 340.00

Payments Received: 0.00

Current Amount Owling: 340.00

214

[REDACTED]
10100

06/31/23

Acct #	Total Charges	Bal Due on Acct
	\$340.00	\$340.00 ✓

Chyenno M Waisanen
2315 E Philadelphia St
RAPID CITY SD 57703

Thank you for choosing Monument Health Rapid City Clinic Burlage, Robin, RD for your healthcare needs. This is an itemization of the services provided during the visit on 12/06/21 through 12/06/21 for Chyenno M Waisanen.

Questions?

Call toll free (844) 641-5134

Customer service representatives are available
Mon - Fri 8:00 AM to 4:30 PM (except holidays).

Coverage(s) on file

First Choice Commercial - First Choice
Health Asi

Professional Charges

Svc Dt	Procedure Code	Procedure - Patient-Friendly Name	Proc Qty	Orig Amt	Total Bal
12/06/2021	97803	Med Nutr Ther, Subsq, Indiv, Ea 15 Min	4	\$340.00	

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, CHYENNE M

CCB Account No. [REDACTED]

Client Account No: [REDACTED]

Statement Date: 10/16/2022

Date of last charge: 10/27/2021

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 277.00

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 10/27/2021

Date of Last Payment:

Balance Due: 277.00

Payments Received: 0.00

Current Amount Owning: 277.00

214

10100

05/31/23

Acct #	Total Charges	Bal Due on Acct
	\$277.00	\$277.00 ✓

Chyenne M Waisanen
2315 E Philadelphia St
RAPID CITY SD 57703

Thank you for choosing Monument Health Rapid City Clinic Weasel, Jacob, MD for your healthcare needs. This is an itemization of the services provided during the visit on 10/27/21 through 10/27/21 for Chyenne M Waisanen.

Questions?

Call toll free (844) 641-5134

Customer service representatives are available
Mon - Fri 8:00 AM to 4:30 PM (except holidays).

Coverage(s) on file

First Choice Commercial - First Choice
Health Asi

Professional Charges

Svc Dt	Procedure Code	Procedure - Patient-Friendly Name	Proc Qty	Orig Amt	Total Bal
10/27/2021	99203	Office/Outpatient New Low Mdm 30-44 Minutes	1	\$277.00	

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, CHYENNE M

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date: 05/17/2022

Date of last charge: 01/11/2022

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 324.90

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 01/11/2022

Date of Last Payment:

Balance Due: 324.90

Payments Received: 0.00

Current Amount Owing: 324.90

214

10100

05/31/23

Acct #	Total Charges	Bal Due on Acct
	\$4,332.00	\$324.90 ✓

Chyenne M Waisanen
2315 E Philadelphia St
RAPID CITY SD 57703

Thank you for choosing Monument Health Rapid City Hospital for your healthcare needs. This is an itemization of the services provided during the visit on 01/11/22 through 01/11/22 for Chyenne M Waisanen.

Questions? Call toll free (844) 641-5134
Customer service representatives are available
Mon - Fri 8:00 AM to 4:30 PM (except holidays).

Coverage(s) on file
First Choice Commercial - First Choice
Health Asi

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
CT Scan-General					
01/11/22	0360	3507701200	CT Guidance Needle Placement	1	\$2,252.00
Operating Room Services-General					
01/11/22	0360	3605039000	Aspir &/Nlx Renal Cyst/Pelvis Needle Prq	1	\$2,080.00
			Total Charges		\$4,332.00

Hospital Payments and Adjustments

Date	Description	Amount
05/12/22	First Choice Commercial Payments Coinsurance: \$324.90	-\$2,924.10
05/12/22	First Choice Commercial Adjustments	-\$1,083.00
	Total Insurance Payments and Adjustments	-\$4,007.10

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, CHYENNE M

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date: 04/25/2023

Date of last charge: 03/09/2023

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 91.40

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 03/09/2023

Date of Last Payment:

Balance Due: 91.40

Payments Received: 0.00

Current Amount Owling: 91.40

214

10100

01/29/24

Acct #	Total Charges	Bal Due on Acct
	\$551.20	\$91.40 ✓

Chyenne M Waisanen
2315 E Philadelphia St
RAPID CITY SD 57703

Thank you for choosing Monument Health Rapid City Hospital for your healthcare needs. This is an itemization of the services provided during the visit on 03/09/23 through 03/09/23 for Chyenne M. Waisanen.

Questions?

Call toll free (844) 641-5134

Customer service representatives are available
Mon - Fri 8:00 AM to 4:30 PM (except holidays).

Coverage(s) on file

Blue Cross Blue Shield Wellmark - BCBS
South Dakota

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
IV Therapy-General					
03/09/23	0260	2809636000	IV Infusion Hydration Initial 31 Min-1 Hour	1	\$457.00
Pharmacy-General					
03/09/23	0250	J7030	Sodium Chloride 0.9 % 0.9 % Bolus Parenteral Solution (0338-0049-04)	1	\$94.20
			Total Charges		\$551.20

Hospital Payments and Adjustments

Date	Description	Amount
03/29/23	Blue Cross Blue Shield Wellmark Payments Coinsurance: \$91.40	-\$543.85
03/29/23	Blue Cross Blue Shield Wellmark Adjustments	\$84.05
	Total Insurance Payments and Adjustments	-\$459.80

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, DANIEL

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date: 06/02/2022

Date of last charge: 03/31/2022

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 72.00

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 03/31/2022

Date of Last Payment:

Balance Due: 72.00

Payments Received: 0.00

Current Amount Owning: 72.00

214

[REDACTED]
10100

05/31/23

Acct #	Total Charges	Bal Due on Acct
	\$960.00	\$72.00 ✓

Daniel Waisanen
2315 E Philadelphia St
Rapid City SD 57703-1718

Thank you for choosing Monument Health Orthopedic & Specialty Hospital for your healthcare needs. This is an itemization of the services provided during the visit on 03/02/22 through 03/31/22 for Daniel Waisanen.

Questions? Call toll free (844) 641-5134 Coverage(s) on file
Customer service representatives are available First Choice Commercial - First Choice
Mon - Fri 8:00 AM to 4:30 PM (except holidays). Health Asi

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
Physical Therapy-General					
03/02/22	0420	4209714000	Manual Therapy Tqs 1/> Regions Each 15 Minutes	2	\$160.00
03/02/22	0420	4209703500	Appl Modality 1/> Areas Ultrasound Ea 15 Min	1	\$80.00
03/09/22	0420	4209714000	Manual Therapy Tqs 1/> Regions Each 15 Minutes	2	\$160.00
03/09/22	0420	4209703500	Appl Modality 1/> Areas Ultrasound Ea 15 Min	1	\$80.00
03/16/22	0420	4209714000	Manual Therapy Tqs 1/> Regions Each 15 Minutes	1	\$80.00
03/16/22	0420	4209703500	Appl Modality 1/> Areas Ultrasound Ea 15 Min	1	\$80.00
03/23/22	0420	4209714000	Manual Therapy Tqs 1/> Regions Each 15 Minutes	2	\$160.00
03/30/22	0421	4219711000	Therapeutic Px 1/> Areas Each 15 Min Exercises	1	\$80.00
03/30/22	0420	4209703500	Appl Modality 1/> Areas Ultrasound Ea 15 Min	1	\$80.00
03/30/22	0420	4209714000	Manual Therapy Tqs 1/> Regions Each 15 Minutes	1	\$80.00
			Total Charges		\$960.00

Hospital Payments and Adjustments

Date	Description	Amount
05/13/22	First Choice Commercial Payments	-\$848.00
	Coinurance: \$72.00	
05/13/22	First Choice Commercial Adjustments	-\$240.00
	Total Insurance Payments and Adjustments	-\$888.00

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, DANIEL

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date: 06/02/2022

Date of last charge: 12/31/2021

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 60.00

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 12/31/2021

Date of Last Payment:

Balance Due: 60.00

Payments Received: 0.00

Current Amount Owing: 60.00

214

[REDACTED]
10100

05/31/23

Acct #	Total Charges	Bal Due on Acct
[REDACTED]	\$800.00	\$60.00 ✓

Daniel Waisanen
2315 E Philadelphia St
Rapid City SD 57703-1718

Thank you for choosing Monument Health Orthopedic & Specialty Hospital for your healthcare needs. This is an itemization of the services provided during the visit on 12/01/21 through 12/31/21 for Daniel Waisanen.

Questions? Call toll free (844) 641-5134 Coverage(s) on file
Customer service representatives are available First Choice Commercial - First Choice
Mon - Fri 8:00 AM to 4:30 PM (except holidays). Health Asi

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
Physical Therapy-General					
12/01/21	0420	4208714000	Manual Therapy Tqs 1/> Regions Each 15 Minutes	1	\$80.00
12/01/21	0420	4209703500	Appl Modality 1/> Areas Ultrasound Ea 15 Min	1	\$80.00
12/08/21	0421	4218711000	Therapeutic Px 1/> Areas Each 15 Min Exercises	1	\$80.00
12/08/21	0420	4209703500	Appl Modality 1/> Areas Ultrasound Ea 15 Min	1	\$80.00
12/08/21	0420	4208714000	Manual Therapy Tqs 1/> Regions Each 15 Minutes	1	\$80.00
12/22/21	0420	4209714000	Manual Therapy Tqs 1/> Regions Each 15 Minutes	2	\$160.00
12/22/21	0420	4209703500	Appl Modality 1/> Areas Ultrasound Ea 15 Min	1	\$80.00
12/29/21	0421	4218711000	Therapeutic Px 1/> Areas Each 15 Min Exercises	1	\$80.00
12/29/21	0420	4209703500	Appl Modality 1/> Areas Ultrasound Ea 15 Min	1	\$80.00
12/29/21	0420	4209714000	Manual Therapy Tqs 1/> Regions Each 15 Minutes	1	\$80.00
Total Charges					\$800.00

Hospital Payments and Adjustments

Date	Description	Amount
02/08/22	First Choice Commercial Payments Coinsurance: \$31.50	-\$540.00
05/12/22	First Choice Commercial Adjustments	-\$200.00
Total Insurance Payments and Adjustments		-\$740.00

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, CHYENNE M

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date: 06/16/2022

Date of last charge: 03/31/2022

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 64.57

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 03/31/2022

Date of Last Payment:

Balance Due: 64.57

Payments Received: 0.00

Current Amount Owling: 64.57

214

10100

05/31/23

Acct #	Total Charges	Bal Due on Acct
[REDACTED]	\$138.00	\$64.57 ✓

Chyenne M Waisanen
2315 E Philadelphia St
RAPID CITY SD 57703

Thank you for choosing Monument Health Rapid City Clinic Stocks, Steven, MD for your healthcare needs. This is an itemization of the services provided during the visit on 03/31/22 through 03/31/22 for Chyenne M Waisanen.

Questions? Call toll free (844) 641-5134 Coverage(s) on file
Customer service representatives are available First Choice Commercial - First Choice
Mon - Fri 8:00 AM to 4:30 PM (except holidays). Health Asi

Professional Charges

Svc Dt	Procedure Code	Procedure - Patient-Friendly Name	Proc Qty	Orig Amt	Total Bal
03/31/2022	86416	PR Collection Venous Blood Venipuncture	1	\$60.00	
03/31/2022	83036	PR Hemoglobin A1c	1	\$88.00	

Professional Payments and Adjustments

Date	Description	Amount
06/14/22	First Choice Commercial Adjustments	-\$73.43

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, CHYENNE M

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date: 06/16/2022

Date of last charge: 03/25/2022

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 52.00

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 03/25/2022

Date of Last Payment:

Balance Due: 52.00

Payments Received: 0.00

Current Amount Owning: 52.00

214

[REDACTED]
10100

05/31/23

Acct #	Total Charges	Bal Due on Acct
[REDACTED]	\$952.00	\$52.00 ✓

Chyenne M Waisanen
2315 E Philadelphia St
RAPID CITY SD 57703

Thank you for choosing Monument Health Rapid City Hospital Erenberg, Brian, CRNA for your healthcare needs. This is an itemization of the services provided during the visit on 03/25/22 through 03/25/22 for Chyenne M Waisanen.

Questions? Call toll free (844) 641-5134 Coverage(s) on file
Customer service representatives are available First Choice Commercial - First Choice
Mon - Fri 8:00 AM to 4:30 PM (except holidays). Health Asi

Professional Charges

Svc Dt	Procedure Code	Procedure - Patient-Friendly Name	Proc Qty	Orig Amt	Total Bal
03/25/2022	00731	Anesthesia Upper GI Endoscopic Px Nos	8	\$952.00	

Professional Payments and Adjustments

Date	Description	Amount
06/16/22	First Choice Commercial Payments Coinsurance: \$52.00	-\$468.00
06/16/22	First Choice Commercial Adjustments	-\$432.00
	Total Insurance Payments and Adjustments	-\$900.00

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, DANIEL

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date: 01/02/2022

Date of last charge: 10/31/2021

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 45.52

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 10/31/2021

Date of Last Payment:

Balance Due: 45.52

Payments Received: 0.00

Current Amount Owing: 45.52

214

10100

05/16/22

Acct #	Total Charges	Bal Due on Acct
[REDACTED]	\$607.00	\$45.52 ✓

Daniel Waisanen
2315 E Philadelphia St
Rapid City SD 57703-1718

Thank you for choosing Monument Health Orthopedic & Specialty Hospital for your healthcare needs. This is an itemization of the services provided during the visit on 10/13/21 through 10/31/21 for Daniel Waisanen.

Questions? Call toll free (844) 641-5134 Coverage(s) on file
Customer service representatives are available First Choice Commercial - First Choice
Mon - Fri 8:00 AM to 4:30 PM (except holidays). Health Asi

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
PHYSICAL THERAPY-GENERAL					
10/13/21	0424	4249716200	PT EVAL VISIT MODERATE COMPLEX	1	\$225.00
10/13/21	0420	4209701200	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	1	\$62.00
10/25/21	0420	4209714000	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	2	\$160.00
10/27/21	0420	4209753000	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	1	\$80.00
10/27/21	0420	4209714000	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	1	\$80.00
Total Charges					\$607.00

Hospital Payments and Adjustments

Date	Description	Amount
12/16/21	First Choice Commercial Payments Coinsurance: \$45.52	-\$409.73
12/16/21	First Choice Commercial Adjustments	-\$151.75
	Total Insurance Payments and Adjustments	-\$561.48

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, DANIEL

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date: 02/01/2022

Date of last charge: 11/23/2021

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 25.00

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 11/23/2021

Date of Last Payment:

Balance Due: 25.00

Payments Received: 0.00

Current Amount Owning: 25.00

214

[REDACTED]
10100

05/16/22

Acct #	Total Charges	Bal Due on Acct
	\$118.00	\$25.00 ✓

Daniel Walsanen
2315 E Philadelphia St
Rapid City SD 57703-1718

Thank you for choosing Monument Health Rapid City Clinic Gregory A Brandenburg, MD PhD for your healthcare needs. This is an itemization of the services provided during the visit on 11/23/21 through 11/23/21 for Daniel Walsanen.

Questions? Call toll free (844) 641-5134 Coverage(s) on file
Customer service representatives are available First Choice Commercial - First Choice
Mon - Fri 8:00 AM to 4:30 PM (except holidays). Health Asi

Professional Charges

Svc Dt	Procedure Code	Procedure Description	Proc Qty	Orig Amt	Total Bal
11/23/2021	99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	1	\$118.00	

Professional Payments and Adjustments

Date	Description	Amount
01/11/22	First Choice Commercial Payments Copoly: \$25.00	-\$54.46
01/11/22	First Choice Commercial Adjustments	-\$38.55
	Total Insurance Payments and Adjustments	-\$93.00

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, DANIEL

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date: 04/03/2022

Date of last charge: 01/31/2022

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 16.50

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 01/31/2022

Date of Last Payment:

Balance Due: 16.50

Payments Received: 0.00

Current Amount Owning: 16.50

214

[REDACTED]
10100

05/31/23

Acct #	Total Charges	Bal Due on Acct
[REDACTED]	\$220.00	\$16.50 ✓

Daniel Waisanen
2315 E Philadelphia St
Rapid City SD 57703-1718

Thank you for choosing Monument Health Orthopedic & Specialty Hospital for your healthcare needs. This is an itemization of the services provided during the visit on 01/26/22 through 01/31/22 for Daniel Waisanen.

Questions? Call toll free (844) 641-5134 Coverage(s) on file
Customer service representatives are available First Choice Commercial - First Choice
Mon - Fri 8:00 AM to 4:30 PM (except holidays). Health Asi

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
Physical Therapy-General					
01/26/22	0421	4219711000	Therapeutic Px 1/> Areas Each 15 Min Exercises	1	\$80.00
01/26/22	0420	4209703500	Appl Modality 1/> Areas Ultrasound Ea 15 Min	1	\$80.00
01/26/22	0420	4209714000	Manual Therapy Tqs 1/> Regions Each 15 Minutes	1	\$80.00
Total Charges					\$220.00

Hospital Payments and Adjustments

Date	Description	Amount
03/10/22	First Choice Commercial Payments Coinsurance: \$16.50	-\$148.50
03/10/22	First Choice Commercial Adjustments	-\$55.00
Total Insurance Payments and Adjustments		-\$203.50

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, DANIEL

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date: 05/03/2022

Date of last charge: 02/28/2022

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 28.50

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 02/28/2022

Date of Last Payment:

Balance Due: 28.50

Payments Received: 0.00

Current Amount Owing: 28.50

214

[REDACTED]
10100

06/31/23

Acct #	Total Charges	Bal Due on Acct
[REDACTED]	\$380.00	\$28.50 ✓

Daniel Waisanen
2315 E Philadelphia St
Rapid City SD 57703-1718

Thank you for choosing Monument Health Orthopedic & Specialty Hospital for your healthcare needs. This is an itemization of the services provided during the visit on 02/10/22 through 02/28/22 for Daniel Waisanen.

Questions? Call toll free (844) 641-5134 Coverage(s) on file
Customer service representatives are available First Choice Commercial - First Choice
Mon - Fri 8:00 AM to 4:30 PM (except holidays). Health Asi

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
Physical Therapy-General					
02/10/22	0420	4209714000	Manual Therapy Tqs 1/> Regions Each 15 Minutes	2	\$160.00
02/16/22	0421	4219711000	Therapeutic Px 1/> Areas Each 15 Min Exercises	1	\$80.00
02/15/22	0420	4209703600	Appl Modality 1/> Areas Ultrasound Ea 15 Min	1	\$60.00
02/15/22	0420	4209714000	Manual Therapy Tqs 1/> Regions Each 15 Minutes	1	\$80.00
			Total Charges		\$380.00

Hospital Payments and Adjustments

Date	Description	Amount
04/08/22	First Choice Commercial Payments	-\$258.50
	Non-covered: \$28.50	
04/08/22	First Choice Commercial Adjustments	-\$95.00
	Total Insurance Payments and Adjustments	-\$351.50

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, DANIEL

CCB Account No. [REDACTED]

Client Account No: [REDACTED]

Statement Date: 06/02/2022

Date of last charge: 04/30/2022

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 33.00

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 04/30/2022

Date of Last Payment:

Balance Due: 33.00

Payments Received: 0.00

Current Amount Owning: 33.00

214

[REDACTED]
10100

05/31/23

Acct #	Total Charges	Bal Due on Acct
	\$440.00	\$33.00 ✓

Daniel Waisanen
2315 E Philadelphia St
Rapid City SD 57703-1718

Thank you for choosing Monument Health Orthopedic & Specialty Hospital for your healthcare needs. This is an itemization of the services provided during the visit on 04/15/22 through 04/30/22 for Daniel Waisanen.

Questions? Call toll free (844) 641-5134 Coverage(s) on file
Customer service representatives are available First Choice Commercial - First Choice
Mon - Fri 8:00 AM to 4:30 PM (except holidays). Health Asi

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
Physical Therapy-General					
04/15/22	0421	4219711000	Therapeutic Px 1/> Areas Each 15 Min Exercises	1	\$80.00
04/15/22	0420	4209703500	Appl Modality 1/> Areas Ultrasound Ea 15 Min	1	\$80.00
04/15/22	0420	4209714000	Manual Therapy Tqs 1/> Regions Each 15 Minutes	1	\$80.00
04/28/22	0421	4219711000	Therapeutic Px 1/> Areas Each 15 Min Exercises	1	\$80.00
04/28/22	0420	4209703500	Appl Modality 1/> Areas Ultrasound Ea 15 Min	1	\$80.00
04/28/22	0420	4209714000	Manual Therapy Tqs 1/> Regions Each 15 Minutes	1	\$80.00
			Total Charges		\$440.00

Hospital Payments and Adjustments

Date	Description	Amount
05/24/22	First Choice Commercial Payments Coinsurance: \$33.00	-\$297.00
05/24/22	First Choice Commercial Adjustments	-\$110.00
	Total Insurance Payments and Adjustments	-\$407.00

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, CHYENNE M

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date: 01/12/2022

Date of last charge: 09/01/2021

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 25.00

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 09/01/2021

Date of Last Payment:

Balance Due: 25.00

Payments Received: 0.00

Current Amount Owning: 25.00

214

[REDACTED]
10100

05/31/23

Acct #	Total Charges	Bal Due on Acct
[REDACTED]	\$128.00	\$25.00 ✓

Chyenne M Waisanen
2315 E Philadelphia St
RAPID CITY SD 57703

Thank you for choosing Monument Health Orthopedic & Specialty Hospital Leong, Wesley M, DPM for your healthcare needs. This is an itemization of the services provided during the visit on 09/01/21 through 09/01/21 for Chyenne M Waisanen.

Questions? Call toll free (844) 641-5134 Coverage(s) on file
Customer service representatives are available First Choice Commercial - First Choice
Mon - Fri 8:00 AM to 4:30 PM (except holidays). Health Asl

Professional Charges

Svc Dt	Procedure Code	Procedure - Patient-Friendly Name	Proc Qty	Orig Amt	Total Bal
09/01/2021	73630	X-Ray Foot 3+ Vw	1	\$64.00	
09/01/2021	73630	X-Ray Foot 3+ Vw	1	\$64.00	

Professional Payments and Adjustments

Date	Description	Amount
11/02/21	Commercial Insurance Payments Copoly: \$25.00	-\$56.58
11/02/21	Commercial Insurance Adjustments	-\$46.42
	Total Insurance Payments and Adjustments	-\$103.00

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, CHYENNE M

CCB Account No. : [REDACTED]

Client Account No. [REDACTED]

Statement Date: 02/13/2022

Date of last charge: 12/03/2021

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 25.00

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 12/03/2021

Date of Last Payment:

Balance Due: 25.00

Payments Received: 0.00

Current Amount Owning: 25.00

214

[REDACTED]
10100

05/31/23

Acct #	Total Charges	Bal Due on Acct
	\$655.00	\$25.00 ✓

Chyenne M Waisanen
2315 E Philadelphia St
RAPID CITY SD 57703

Thank you for choosing Monument Health Rapid City Clinic Johnson, Nicole E, CNP for your healthcare needs. This is an itemization of the services provided during the visit on 12/03/21 through 12/03/21 for Chyenne M Waisanen.

Questions? Call toll free (844) 641-5134 Coverage(s) on file
Customer service representatives are available First Choice Commercial - First Choice
Mon - Fri 8:00 AM to 4:30 PM (except holidays). Health Asi

Professional Charges

Svc Dt	Procedure Code	Procedure - Patient-Friendly Name	Proc Qty	Orig Amt	Total Bal
12/03/2021	36415	PR Collection Venous Blood Venipuncture	1	\$50.00	
12/03/2021	80089	PR Renal Function Panel	1	\$167.00	
12/03/2021	82575	PR Creat Clearance	1	\$140.00	
12/03/2021	84156	PR Protein-Quant Urine	1	\$104.00	
12/03/2021	89213	Office/Outpatient Established Low Mdm 20-29 Min	1	\$194.00	

Professional Payments and Adjustments

Date	Description	Amount
01/28/22	First Choice Commercial Payments Copoly: \$25.00	-\$141.96
01/28/22	First Choice Commercial Adjustments	-\$488.04
	Total Insurance Payments and Adjustments	-\$630.00

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, CHYENNE M

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date: 02/13/2022

Date of last charge: 12/07/2021

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 25.00

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 12/07/2021

Date of Last Payment:

Balance Due: 25.00

Payments Received: 0.00

Current Amount Owning: 25.00

214

10100

05/31/23

Acct #	Total Charges	Bal Due on Acct
[REDACTED]	\$534.00	\$25.00 ✓

Chyenne M Waisanen
2315 E Philadelphia St
RAPID CITY SD 57703

Thank you for choosing Monument Health Rapid City Clinic Johnson, Nicole E, CNP for your healthcare needs. This is an itemization of the services provided during the visit on 12/07/21 through 12/07/21 for Chyenne M Waisanen.

Questions? Call toll free (844) 641-5134 Coverage(s) on file
Customer service representatives are available First Choice Commercial - First Choice
Mon - Fri 8:00 AM to 4:30 PM (except holidays). Health Asl

Professional Charges

Svc Dt	Procedure Code	Procedure - Patient-Friendly Name	Proc Qty	Orig Amt	Total Bal
12/07/2021	76770	US, Retroport, B-Scan/Real Time, Complete	1	\$212.00	
12/07/2021	93976	Duplex Abd/Pel Vasc Study, Limtd	1	\$322.00	

Professional Payments and Adjustments

Date	Description	Amount
01/26/22	First Choice Commercial Payments Copoly: \$25.00	-\$279.89
01/26/22	First Choice Commercial Adjustments	-\$229.11
	Total Insurance Payments and Adjustments	-\$509.00

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, CHYENNE M

CCB Account No. [REDACTED]

Client Account No: [REDACTED]

Statement Date: 03/15/2022

Date of last charge: 01/03/2022

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 30.00

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 01/03/2022

Date of Last Payment:

Balance Due: 30.00

Payments Received: 0.00

Current Amount Owning: 30.00

214

[REDACTED]
10100

05/31/23

Acct #	Total Charges	Bal Due on Acct
[REDACTED]	\$1,054.00	\$30.00 ✓

Chyenne M Waisanen
2315 E Philadelphia St
RAPID CITY SD 57703

Thank you for choosing Monument Health Rapid City Clinic Johnson, Nicole E, CNP for your healthcare needs. This is an itemization of the services provided during the visit on 01/03/22 through 01/03/22 for Chyenne M Waisanen.

Questions? Call toll free (844) 641-5134 Coverage(s) on file
Customer service representatives are available First Choice Commercial - First Choice
Mon - Fri 8:00 AM to 4:30 PM (except holidays). Health Asi

Professional Charges

Svc Dt	Procedure Code	Procedure - Patient-Friendly Name	Proc Qty	Orig Amt	Total Bal
01/03/2022	36415	PR Collection Venous Blood Venipuncture	1	\$60.00	
01/03/2022	80069	PR Renal Function Panel	1	\$187.00	
01/03/2022	81001	PR Urine Auto With Micro	1	\$69.00	
01/03/2022	82570	PR Creatinine Body Fluid	1	\$83.00	
01/03/2022	83735	PR Magnesium	1	\$92.00	
01/03/2022	84158	PR Protein-Quant Urine	1	\$104.00	
01/03/2022	84550	PR Uric Acid Blood	1	\$60.00	
01/03/2022	85018	PR Hemoglobin	1	\$47.00	
01/03/2022	87077	PR Bacterial ID	1	\$78.00	
01/03/2022	87088	PR Urine Culture	1	\$77.00	
01/03/2022	87186	PR Susceptability Aerobic Mlc	1	\$227.00	

Professional Payments and Adjustments

Date	Description	Amount
02/25/22	First Choice Commercial Payments Copay: \$30.00	-\$64.37
02/25/22	First Choice Commercial Adjustments	-\$968.63
	Total Insurance Payments and Adjustments	-\$1,024.00

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, CHYENNE M

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date: 03/16/2022

Date of last charge: 01/28/2022

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 30.00

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 01/28/2022

Date of Last Payment:

Balance Due: 30.00

Payments Received: 0.00

Current Amount Owing: 30.00

214

10100

05/31/23

Acct #	Total Charges	Bal Due on Acct
[REDACTED]	\$962.00	\$30.00 ✓

Chyenne M Waisanen
2315 E Philadelphia St
RAPID CITY SD 57703

Thank you for choosing Monument Health Rapid City Clinic Johnson, Nicole E, CNP for your healthcare needs. This is an itemization of the services provided during the visit on 01/28/22 through 01/28/22 for Chyenne M Waisanen.

Questions? Call toll free (844) 641-5134 Coverage(s) on file
Customer service representatives are available First Choice Commercial - First Choice
Mon - Fri 8:00 AM to 4:30 PM (except holidays). Health Asi

Professional Charges

Svc Dt	Procedure Code	Procedure - Patient-Friendly Name	Proc Qty	Orig Amt	Total Bal
01/28/2022	38415	PR Collection Venous Blood Venipuncture	1	\$50.00	
01/28/2022	80069	PR Renal Function Panel	1	\$167.00	
01/28/2022	81001	PR Urine Auto With Micro	1	\$69.00	
01/28/2022	82570	PR Creatinine Body Fluid	1	\$83.00	
01/28/2022	84156	PR Protein-Quant Urine	1	\$104.00	
01/28/2022	84550	PR Uric Acid Blood	1	\$60.00	
01/28/2022	85018	PR Hemoglobin	1	\$47.00	
01/28/2022	87077	PR Bacterial ID	1	\$78.00	
01/28/2022	87088	PR Urine Culture	1	\$77.00	
01/28/2022	87186	PR Susceptibility Aerobic Mic	1	\$227.00	

Professional Payments and Adjustments

Date	Description	Amount
03/11/22	First Choice Commercial Payments Copey: \$30.00	-\$54.32
03/11/22	First Choice Commercial Adjustments	-\$877.68
	Total Insurance Payments and Adjustments	-\$932.00

ASSIGNMENT OF ACCOUNT TO CREDIT COLLECTIONS BUREAU

Name (s) : WAISANEN, CHYENNE M

CCB Account No. : [REDACTED]

Client Account No: [REDACTED]

Statement Date: 03/16/2022

Date of last charge: 01/05/2022

For valuable consideration, the undersigned does hereby assign and transfer unto the above listed agency the account, and does hereby state that the account is just and owing, true and correct, and does authorize the agency to bring suit in its own name and do any and all things necessary to enforce collection of the account as agent for the assignor.

Please confirm current amount owing: \$ 30.00

Name of firm: MONUMENT HEALTH

Digitally Signed: SAMANTHA MORRIS

Date: 01/29/2024

*****STATEMENT OF ACCOUNT*****

Date of Service: 01/05/2022

Date of Last Payment:

Balance Due: 30.00

Payments Received: 0.00

Current Amount Owing: 30.00

214

[REDACTED]
10100

05/31/23

Acct #	Total Charges	Bal Due on Acct
[REDACTED]	\$545.00	\$30.00 ✓

Chyenne M Waisanen
2315 E Philadelphia St
RAPID CITY SD 57703

Thank you for choosing Monument Health Rapid City Clinic Johnson, Nicole E, CNP for your healthcare needs. This is an itemization of the services provided during the visit on 01/05/22 through 01/05/22 for Chyenne M Waisanen.

Questions? Call toll free (844) 641-5134 Coverage(s) on file
Customer service representatives are available First Choice Commercial - First Choice
Mon - Fri 8:00 AM to 4:30 PM (except holidays). Health Asi

Professional Charges

Svc Dt	Procedure Code	Procedure - Patient Friendly Name	Proc Qty	Orig Amt	Total Bal
01/05/2022	78770	US, Retroperit, B-Scan/Real Time, Complete	1	\$212.00	
01/05/2022	99214	Office/Outpatient Established Mod Mdm 30-39 Min	1	\$333.00	

Professional Payments and Adjustments

Date	Description	Amount
02/25/22	First Choice Commercial Payments Copay: \$30.00	-\$274.48
02/25/22	First Choice Commercial Adjustments	-\$240.52
	Total Insurance Payments and Adjustments	-\$515.00

STATE OF SOUTH DAKOTA

IN SMALL CLAIMS COURT

COUNTY OF PENNINGTON

SEVENTH

JUDICIAL CIRCUIT

CREDIT COLLECTIONS BUREAU

VS.

PLAINTIFF'S STATEMENT OF SMALL CLAIMS
51SMC24-000747

CHYENNE M WAISANEN
DANIEL WAISANEN

SMALL CLAIMS CASE NO.: _____

Describe the basis for your claim: (use additional sheet if necessary) Past due accounts.

CLIENT	PRINCIPAL	INTEREST	TOTAL
MONUMENT HEALTH	\$205.01	\$213.92	\$418.93
BLACK HILLS URGENT CARE	\$199.22	\$15.78	\$215.00
SCOVEL PSYCHOLOGICAL	\$186.60	\$48.70	\$235.30
ACTION MECHANICAL	\$207.04	\$39.14	\$246.18
BLACK HILLS URGENT CARE	\$72.00	\$22.91	\$94.91
MONUMENT HEALTH	\$1,009.83	\$150.64	\$1,160.47
MONUMENT HEALTH	\$213.22	\$65.19	\$278.41
DAKOTA RADIOLOGY	\$214.91	\$78.96	\$293.87
RAPID CITY EMERGENCY SERVICES	\$83.00	\$16.44	\$99.44
MONUMENT HEALTH	\$82.95	\$26.31	\$109.26
MONUMENT HEALTH	\$600.00	\$147.21	\$747.21
MONUMENT HEALTH	\$340.00	\$83.42	\$423.42
MONUMENT HEALTH	\$277.00	\$58.05	\$335.05
MONUMENT HEALTH	\$324.90	\$89.05	\$413.95
MONUMENT HEALTH	\$91.40	\$12.29	\$103.69
MONUMENT HEALTH	\$72.00	\$19.32	\$91.32
MONUMENT HEALTH	\$60.00	\$16.10	\$76.10
MONUMENT HEALTH	\$64.57	\$15.84	\$80.41
MONUMENT HEALTH	\$52.00	\$12.75	\$64.75
MONUMENT HEALTH	\$45.52	\$15.10	\$60.62
MONUMENT HEALTH	\$25.00	\$7.93	\$32.93
MONUMENT HEALTH	\$16.50	\$16.50	\$33.00
MONUMENT HEALTH	\$28.50	\$28.50	\$57.00
MONUMENT HEALTH	\$33.00	\$33.00	\$66.00
MONUMENT HEALTH	\$25.00	\$25.00	\$50.00
MONUMENT HEALTH	\$25.00	\$25.00	\$50.00
MONUMENT HEALTH	\$25.00	\$25.00	\$50.00
MONUMENT HEALTH	\$30.00	\$30.00	\$60.00
MONUMENT HEALTH	\$30.00	\$30.00	\$60.00
MONUMENT HEALTH	\$30.00	\$30.00	\$60.00

PRINCIPAL	\$4,669.17
INTEREST	\$1,398.05
SUB-TOTAL	\$6,067.22
FILING FEES	\$48.82
PLAINTIFF'S TOTAL	\$6,116.04

(Exclude Interest and filing fees)

Additional fees charged for service options listed below. It is the Plaintiff's responsibility to contact the sheriff or process server for fee amounts.

<input type="checkbox"/>	Sheriff Service only--no certified mail.
<input checked="" type="checkbox"/>	Sheriff/Personal Service requested if certified mail returned unserved.

J & J ATTORNEY SERVICES

Tawnya L Hofmaier

Plaintiff's Printed Name
Legal Department Director

/s/ Tawnya L Hofmaier


Signature of Plaintiff

April 24, 2024

Date

COPY OF THE JUDGMENT IS REQUESTED

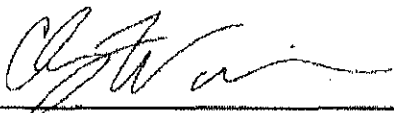
CCB Acct No.: _____


EFINAGRMONUMENT
HEALTH
MH Rapid City Clinic Fairmont Blvd
Waisanen, Chyenne M
DOB: [REDACTED] o. Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 4/9/2024

Financial Responsibility Agreement

Page 1 of 1

1. **Patient Portion Due at Time of Service.** The Undersigned, whether as patient or as agent, acknowledges all co-payments must be paid at time of service. This arrangement is part of the patient's contract with his or her insurance company. For procedures, the Undersigned will be asked to pay a co-insurance and deductible. Upon request, an estimate of services will be given prior to the service being performed.
2. **Insurance and Claims Submission.** The Undersigned, whether as patient or as agent, understands Monument Health will submit insurance claims to most insurance companies; however, if Monument Health does not participate with the patient's insurance plan, it will be the responsibility of the Undersigned to pay-in-full at time of service. The Undersigned should be aware that some or all of the services may be non-covered by insurers, and many insurance companies require pre-authorization for various procedures. Monument Health will assist in obtaining the necessary pre-authorizations when needed; however, it is the responsibility of the Undersigned to determine if the patient's insurance company requires one. Failure to obtain the necessary pre-authorization or second opinion may result in a reduction or denial of benefits by the insurance company, which would result in the requirement of the Undersigned to pay the full amount due. For employer-requested services, Monument Health will confirm pre-authorization and guarantee of payment prior to the service being rendered.
3. **Assignment of Insurance Benefits.** If the patient's care is covered by insurance, the Undersigned agrees the insurance company is to pay Monument Health directly for the patient's care. Additionally, certain physicians (e.g., anesthesiologists, oncologists, pathologists, and radiologists) may participate in the patient's care. These physicians are not employees or agents of Monument Health, and they will bill separately for their care. The person signing this form, whether he or she is the patient or is signing for the patient, authorizes direct payment to Monument Health and/or the physicians of any insurance benefits, settlements, or awards otherwise payable for this outpatient service (including emergency services if rendered) at a rate not to exceed the respective charges of Monument Health and/or the physicians. The Undersigned understands he or she is financially responsible for charges not paid by insurance or any other third-party payor.
4. **Promise to Pay Account.** The Undersigned agrees that he or she will pay for the care the patient receives. The person signing this document, whether he or she is the patient or is signing for the patient, agrees that he or she personally obligates himself or herself to pay the account charges in accordance with the rates and policies of Monument Health. If the patient is uninsured or has a large deductible, payment arrangements can be made with a Monument Health Patient Financial Counselor. The Undersigned also agrees that Monument Health may assess interest on any unpaid balance at a rate not to exceed the maximum statutory amount per year.
5. **Guarantee of Account.** The Undersigned understands that Monument Health must be paid for the care the patient receives. The Undersigned may expect that someone else is going to pay for the patient's care, as there may be insurance coverage, or the patient may have been injured due to someone else's negligence, or there may be other circumstances; however, the Undersigned agrees to be personally responsible for paying for the care received. Even if the Undersigned believes another party is obligated to pay for the care, he or she still agrees to personally guarantee Monument Health will be paid for the care the patient receives. Therefore, the person signing this document, whether he or she is the patient or is signing for the patient, agrees that he or she personally obligates himself or herself to pay the charges in accordance with the rates and policies of Monument Health. He or she agrees that Monument Health may assess interest on any unpaid balance at a rate not to exceed the maximum statutory allowable interest rate per year.
6. **Minor Patients.** The Undersigned understands that the parent or guardian accompanying a minor is responsible for payment. An unaccompanied minor will not be seen without a minor consent form signed by the parent or guardian, and the minor must bring his or her co-payment or patient portion due at the time of service.



Signature captured by Chyenne M Waisanen at 4/9/2024 09:27 AM

Chyenne M Waisanen

Jasmina Tomek
Witness

IN THE STATE OF SOUTH DAKOTA
COUNTY OF PENNINGTON

IN CIVIL COURT
7TH JUDICIAL CIRCUIT

Chyenne Waisanen, Daniel Waisanen Plaintiff.	Case no.: 51C1V04-001747
V.	Affidavit for Motion for Temporary Restraining Order
Credit Collection Bureau Defendant.	

Affidavit for Motion for Temporary Restraining Order

We, Chyenne and Daniel Waisanen, being duly sworn, depose and state as follows:

I. Factual Background

1. On June 20, 2024, a default judgment was entered against us for an alleged debt totaling \$6,116.04, including costs and pre-judgment interest.
2. On October 18, 2024, a writ of execution was issued, resulting in the seizure of our 2016 Ford F150 Supercrew Pickup (VIN: 1FTEW1EG3GFC33149), valued at approximately \$27,000, to satisfy the alleged debt.

II. Fraudulent and Improper Assignment of Debt

3. The alleged debt originates from medical services, but no signed contract exists between us and the medical provider.
4. The Defendant's documentation lacks proof of ownership or validity of the assigned debt, violating SDCL § 57A-9-203(b)(3).
5. The assignment of debt includes only itemized billing statements and lacks original agreements or consent forms.
6. The digital signature on the assignment lacks authentication metadata (e.g., IP address or timestamp), making its validity questionable under SDCL § 15-6-56(e).
7. Account numbers on the hospital's original consent forms do not match those on the assignments provided by the Defendant, undermining the assignment's validity.

III. Irreparable Harm

8. The seized vehicle is our work truck and critical to our small renovation business.

9. Without the vehicle, we are unable to transport materials, tools, and equipment necessary for completing renovation projects, directly jeopardizing our ability to generate income and sustain our livelihood.

10. The seizure has caused immediate and irreparable harm to our business and personal lives, as it is also essential for daily transportation.

11. The value of the seized vehicle significantly exceeds the amount of the alleged debt, resulting in an unjust windfall for the Defendant and an unnecessary burden on us.

IV. Legal Basis for Relief

12. Under SDCL § 57A-9-203(b), no valid security agreement exists between us and the Defendant, and they lack the right to enforce any interest in the vehicle.

13. Defendant has failed to provide clear evidence of a valid assignment of the alleged debt, as required under SDCL §§ 57A-3-203(b) and 57A-3-309(b).

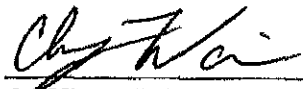
14. The sale of the vehicle would cause immediate and irreparable harm to our business and livelihood, warranting equitable relief under SDCL § 21-29-2.


V. Relief Requested

15. We respectfully request that the Court:

- Issue a temporary restraining order halting the sale of the 2016 Ford F150 Supercrew Pickup;
- Schedule a hearing to determine the continuation of the restraining order as a preliminary injunction; and
- Grant any other relief the Court deems just and equitable.

We affirm under penalty of perjury that the foregoing is true and correct to the best of our knowledge.

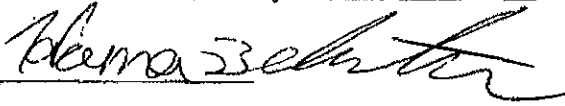

CHYENNE WAISANEN
2315 E Philadelphia St
Rapid City SD 57703
N/A


DANIEL WAISANEN
2315 E Philadelphia St
Rapid City SD 57703
NA

*Date: 11.26.2024


Subscribed and sworn to before me this 26 day of Nov, 2024



Notary Public Signature: 
Commission Expires: _____

FILED
Pennington County, SD
IN CLERK'S OFFICE

NOV 26 2024

Amber Watkins, Clerk of Courts
By  Deputy

SDCL 57A-9-203- Attachment and enforceability of security interest--Proceeds--Supporting obligations--Formal requisites.

(a) A security interest attaches to collateral when it becomes enforceable against the debtor with respect to the collateral, unless an agreement expressly postpones the time of attachment.

(b) Except as otherwise provided in subsections (c) through (i), a security interest is enforceable against the debtor and third parties with respect to the collateral only if:

- (1) Value has been given;
- (2) The debtor has rights in the collateral or the power to transfer rights in the collateral to a secured party; and
- (3) One of the following conditions is met:
 - (A) The debtor has signed a security agreement that provides a description of the collateral and, if the security interest covers timber to be cut, a description of the land concerned;
 - (B) The collateral is not a certificated security and is in the possession of the secured party under § 57A-9-313 pursuant to the debtor's security agreement;
 - (C) The collateral is a certificated security in registered form and the security certificate has been delivered to the secured party under § 57A-8-301 pursuant to the debtor's security agreement;
 - (D) The collateral is controllable accounts, controllable electronic records, controllable payment intangibles, deposit accounts, electronic documents, electronic money, investment property, or letter-of-credit rights, and the secured party has control under § 57A-7-106, 57A-9-104, 57A-9-105.1, 57A-9-106, 57A-9-107, or 57A-9-107.1 pursuant to the debtor's security agreement; or
 - (E) The collateral is chattel paper and the secured party has possession and control under § 57A-9-314.1 pursuant to the debtor's security agreement.

(c) Subsection (b) is subject to § 57A-4-210 on the security interest of a collecting bank, § 57A-5-118 on the security interest of a letter-of-credit issuer or nominated person, § 57A-9-110 on a security interest arising under chapter 57A-2 or 57A-2A, and § 57A-9-206 on security interests in investment property.

(d) A person becomes bound as debtor by a security agreement entered into by another person if, by operation of law other than this chapter or by contract:

- (1) The security agreement becomes effective to create a security interest in the person's property; or
- (2) The person becomes generally obligated for the obligations of the other person, including the obligation secured under the security agreement, and acquires or succeeds to all or substantially all of the assets of the other person.

(e) If a new debtor becomes bound as debtor by a security agreement entered into by another person:

- (1) The agreement satisfies subsection (b)(3) with respect to existing or after-acquired property of the new debtor to the extent the property is described in the agreement; and

57A-3-309. Enforcement of lost, destroyed, or stolen instrument.

(a) A person not in possession of an instrument is entitled to enforce the instrument if (i) the person was in possession of the instrument and entitled to enforce it when loss of possession occurred, (ii) the loss of possession was not the result of a transfer by the person or a lawful seizure, and (iii) the person cannot reasonably obtain possession of the instrument because the instrument was destroyed, its whereabouts cannot be determined, or it is in the wrongful possession of an unknown person or a person that cannot be found or is not amenable to service of process.

(b) A person seeking enforcement of an instrument under subsection (a) must prove the terms of the instrument and the person's right to enforce the instrument. If that proof is made, § 57A-3-308 applies to the case as if the person seeking enforcement had produced the instrument. The court may not enter judgment in favor of the person seeking enforcement unless it finds that the person required to pay the instrument is adequately protected against loss that might occur by reason of a claim by another person to enforce the instrument. Adequate protection may be provided by any reasonable means.

Source: SL 1994, ch 367, § 3-309.

15-6-56(e). Form of affidavits for summary judgment--Further testimony--Defense required.

Supporting and opposing affidavits shall be made on personal knowledge, shall set forth such facts as would be admissible in evidence, and shall show affirmatively that the affiant is competent to testify to the matters stated therein. Sworn or certified copies of all papers or parts thereof referred to in an affidavit shall be attached thereto or served therewith. The court may permit affidavits to be supplemented or opposed by depositions, answers to interrogatories, or further affidavits. When a motion for summary judgment is made and supported as provided in § 15-6-56, an adverse party may not rest upon the mere allegations or denials of his pleading, but his response, by affidavits or as otherwise provided in § 15-6-56, must set forth specific facts showing that there is a genuine issue for trial. If he does not so respond, summary judgment, if appropriate, shall be entered against him.

Source: SD RCP, Rule 56 (e), as adopted by Sup. Ct. Order March 29, 1966, effective July 1, 1966.

21-29-1. Power to issue writ--Purposes for which used.

The writ of mandamus may be issued by the Supreme and circuit courts, to any inferior tribunal, corporation, board, or person, to compel the performance of an act which the law specially enjoins as a duty resulting from an office, trust, or station; or to compel the admission of a party to the use and enjoyment of a right or office to which he is entitled, and from which he is unlawfully precluded by such inferior tribunal, corporation, board, or person.

Source: CCivP 1877, § 695; CL 1887, § 5517; RCCivP 1903, § 764; RC 1919, § 3006; SDC 1939 & Supp 1960, § 37.4501.

21-29-2. Writ issued when ordinary remedy inadequate--Application and affidavit.

The writ of mandamus must be issued in all cases where there is not a plain, speedy, and adequate remedy, in the ordinary course of law. It must be issued upon affidavit, upon the application of the party beneficially interested.

Source: CCivP 1877, § 696; CL 1887, § 5518; RCCivP 1903, § 765; RC 1919, § 3007; SDC 1939 & Supp 1960, § 37.4502.

**IN THE STATE OF SOUTH DAKOTA
COUNTY OF PENNINGTON**

**IN CIVIL COURT
7TH JUDICIAL CIRCUIT**

CHYENNE WAISANEN, DANIEL WAISANEN Plaintiff.	Case no.: 51C1V24-001747
V.	Affidavit of Truth
CREDIT COLLECTION BUREAU Defendant.	

Affidavit of Truth

We, CHYENNE and DANIEL WAISANEN, of 2315 E Philadelphia St Rapid City South Dakota 57703, being duly sworn, do hereby make this Affidavit of Truth based upon my personal knowledge, belief, and understanding, and in accordance with the laws of the State of South Dakota. This affidavit is submitted to clarify the facts, irregularities, and procedural misconduct I have encountered in relation to the judgment placed against me, subsequent seizure of personal property, and actions taken by the involved agencies.

Timeline

Procedural Irregularities in Judgment and Execution

1. The judgment for wage garnishment lacked transparency, and the agency pursued a second execution after a "lost execution," compounding financial strain.
2. The writ of execution for the seizure was issued without specificity regarding the property to be seized, violating enforcement norms.

Fraudulent Documentation

3. The assignments of debt were signed electronically on the same day, regardless of the dates of service or acquisition of the debt.
4. The electronic signatures lack essential metadata (e.g., timestamps, IP addresses) to verify authenticity.
5. The signer for the hospital is untraceable, and email communications to her are undeliverable, raising doubts about the validity of the assignments.

Improper Disclosure of Personal Data

6. The court provided sensitive personal information without verifying the requestor's identity, breaching confidentiality protocols.

Misconduct During Seizure

7. The sheriff deputies did not allow us to retrieve essential items from the vehicle's front seat before its seizure.

8. The deputies were hesitant to allow access to the front seat to retrieve wallets, identification, and keys, imposing unnecessary restrictions.

9. The Plaintiff was terrified and unable to open the vehicle's front door to retrieve essential items, such as their wallet, keys, or other necessities, out of a well-founded concern that any action might result in detention or further escalation by the deputies present.

Intimidation and Unprofessional Conduct

10. Deputies openly admitted to following and surveilling us before executing the seizure, including blocking the driveway with a personal unmarked vehicle.

11. Their statements that "there's nothing you can do" dismissed our rights and responsibilities as a citizen, employing both force and coercion to assert dominance over the situation. Civil Sheriff's further pressured us by stating that "if we did not hand over the keys to facilitate the seizure, it would compromise the sale value of the vehicle", intensifying the coercive tactics used against us.

12. When we did not provide the keys to the sheriff, they proceeded to load the vehicle onto the tow truck while it was locked and in park, potentially causing damage to the vehicle in the process.

Repeated Denial of Motions Without Explanation

13. The court denied multiple motions without providing reasoning, leaving us with no recourse except to file this lawsuit.

Expanded Timeline for the Complaint

June 2024

14. Judgment issued for wage garnishment.

15. Bank account closed due to financial strain, but the agency failed to adapt collection methods in good faith.

Subsequent Executions

- 16. Execution for wage garnishment reported as lost or stolen.
- 17. New execution filed for seizure, lacking any description of the targeted property.

October 28, 2024

- 18. Sheriff visits our property and is informed that no assets of the debt's value are available.

October 30, 2024

- 19. Three deputies arrive to seize our vehicle:
 - One deputy uses a personal, unmarked vehicle to block the driveway.
 - The vehicle is taken while locked and in park, with no opportunity to retrieve personal items from the front seat.

Aftermath

- 20. Attempts to retrieve personal belongings are thwarted by the sheriff's office.
- 21. Additional motions to the court are denied without explanation.

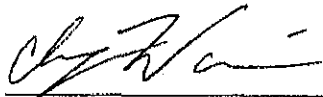
Legal and Emotional Impact

22. This sequence of events underscores a troubling pattern of procedural misconduct, exploitation of our lack of legal education, and actions that caused significant emotional distress. This case now reflects:

- **Fraudulent Practices:** Collection agency and court documents display signs of fabrication, inconsistent data, and lack of verification.
- **Abuse of Power:** The sheriff's office engaged in intimidation, surveillance, and misuse of authority.
- **Denial of Due Process:** Both the courts and enforcement agencies failed to safeguard our legal rights.
- **Emotional and Financial Harm:** The compounded stress, financial strain, and emotional toll justify seeking a significant award for damages.

I affirm under the penalties of perjury that the above is true and correct to the best of my knowledge.

Date:



CHYENNE WAISANEN
2315 E Philadelphia St
Rapid City SD 57703
N/A



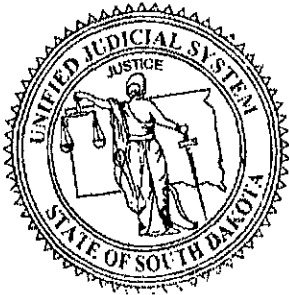
DANIEL WAISANEN
2315 E Philadelphia St
Rapid City SD 57703
N/A

Subscribed and sworn to before me this 26 day of Nov, 2024

Notary Public Signature: 

Notary Seal

My Commission Expires: _____



FILED
Pennington County, SD
IN CIRCUIT COURT

NOV 26 2024

Amber Watkins, Clerk of Courts
By  Deputy

**IN THE STATE OF SOUTH DAKOTA
COUNTY OF PENNINGTON**

**IN CIVIL COURT
7TH JUDICIAL CIRCUIT**

Chyenne Waisanen, Daniel Waisanen Plaintiff.	Case no.: 51CV24-001747
V.	MOTION FOR TEMPORARY RESTRAINING ORDER TO HALT SALE OF SEIZED PROPERTY
Credit Collection Bureau Defendant.	

**MOTION FOR TEMPORARY RESTRAINING ORDER TO HALT SALE OF SEIZED
PROPERTY**

NOW COME the Plaintiffs, Chyenne and Daniel Waisanen, pro se, respectfully requesting this Court to issue an order halting the sale of the Plaintiffs' personal property (a 2016 Ford F150 Supercrew Pickup (VIN: 1F1EW1EG3GFC33149)), which was unlawfully seized by the Defendant to satisfy an alleged judgment debt. The sale of the Plaintiffs' vehicle would cause irreparable harm, as it serves as a critical work vehicle essential to the operation of their business. Without this vehicle, the Plaintiffs would be unable to perform necessary business functions, jeopardizing their livelihood and ability to generate income. In support of this Motion, Plaintiffs state as follows:

I. FACTUAL BACKGROUND

1. The Alleged Judgment and Seizure

1.1. On June 20, 2024, a default judgment was entered in favor of Defendant for the alleged debt amount of \$4,669.17 cost of \$48.82 and Pre-judgment Interest for \$1398.05 totaling \$6116.04.

1.2. On October 18, 2024, Defendant obtained a writ of execution, leading to the seizure of Plaintiffs' personal property—a 2016 Ford F150 Supercrew Pickup (VIN: 1F1EW1EG3GFC33149) valued at approximately \$27,000—to satisfy this alleged debt.

2. Fraudulent and Improper Assignment of Debt

2.1. The debt in question stems from alleged medical services. Upon Plaintiffs' discovery, no original signed contract exists between Plaintiffs and the medical provider.

2.2. Defendant's documentation fails to establish ownership or validity of the assigned debt, as required under South Dakota Codified Laws (SDCL) § 57A-9-203(b)(3).

2.3. The "assignment of debt" contains only itemized billing statements with no attached consent forms or original agreements, violating the requirement for proof of enforceable obligations under SDCL § 57A-3-309(b).

2.4. The digital signature on the assignment lacks critical metadata (e.g., IP address or timestamp) to authenticate its validity, contrary to general evidentiary principles outlined in SDCL § 15-6-56(e) for electronic evidence.

3. Discrepancies in Account Numbers

3.1. Upon obtaining original consent forms from the hospital, Plaintiffs discovered that the account numbers listed on the hospital's documentation do not match the account numbers on the alleged assignments provided by Defendant. This inconsistency undermines the validity of the purported assignment under SDCL § 57A-9-203(b).

4. Irreparable Harm

4.1. Plaintiffs are suffering irreparable harm due to the seizure of their vehicle, which is essential for transportation, work, and daily living.

4.2. The value of the seized property grossly exceeds the amount of the alleged judgment, constituting an unjust windfall to the Defendant, in violation of equitable principles under SDCL § 21-29-1.

II. LEGAL ARGUMENT

1. Violation of UCC § 9-203

1.1. Under SDCL § 57A-9-203(b), a secured party cannot enforce a security interest unless:

- (1) Value has been given;
- (2) The debtor has rights in the collateral; and
- (3) There is an authenticated security agreement that provides a description of the collateral.

Here, no valid security agreement exists between Plaintiffs and Defendant. Defendant cannot enforce any interest in the vehicle under this statute.

2. Invalid Assignment of Debt

2.1. Under South Dakota law, a party seeking to enforce an assignment must provide a valid chain of title. SDCL § 57A-3-203(b) specifies that the transfer of an instrument is not enforceable unless there is clear evidence of the transfer.

2.2. Defendant's documentation does not meet the evidentiary standard for proving assignment under SDCL § 57A-3-309(b), which requires proof of terms and the right to enforce the instrument.

3. Equitable Relief

3.1. Plaintiffs face immediate and irreparable harm if the vehicle is sold at auction. Monetary compensation will not adequately restore the Plaintiffs' loss of their work vehicle, critical to their business and livelihood. Under SDCL § 21-29-2, this Court has the equitable authority to issue an injunction where irreparable harm and inadequate legal remedies exist.

III. RELIEF REQUESTED

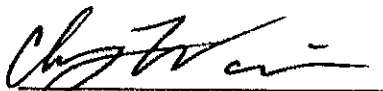
WHEREFORE, Plaintiffs respectfully request this Court:

1. Immediately issue a temporary restraining order halting the sale of the 2016 Ford F150 Supercrew Pickup until further order of this Court;
2. Schedule a hearing to determine the propriety of continuing the restraining order as a preliminary injunction;
3. Grant any other relief the Court deems just and equitable under the circumstances.

IV. DECLARATION OF PLAINTIFFS

We, Chyenne and Daniel Waisanen, declare under penalty of perjury that the foregoing is true and correct to the best of our knowledge and belief.

Date: 11.26.2024



CHYENNE WAISANEN
2315 E Philadelphia St
Rapid City SD 57703



DANIEL WAISANEN
2315 E Philadelphia St
Rapid City SD 57703

FILED
Pennington County, SD
IN CIRCUIT COURT

NOV 26 2024

Amber Watkins, Clerk of Courts

By HB Deputy 3



Waisanen, Chyenne M
DOB: [REDACTED] y.o. Female
MRN: [REDACTED]
CSN: [REDACTED] 8
DOS: 3/25/2022 0725



Consent to Treatment and Conditions of Admission

Page 1 of 3

1. **Consent for Medical and Hospital Care.** The Undersigned, whether as patient or as agent, consents to the following:
 - a. All initiation of care, consultation, treatment, and procedures to be performed during this hospitalization or on an outpatient basis (including emergency treatment or services). The treatment and procedures may include, but are not limited to, laboratory tests, x-rays, physical examinations, injections, medical or surgical treatments or procedures, anesthesia, or hospital services rendered under the general and special instructions of the patient's provider.
 - b. Testing for HIV antibody (AIDS), hepatitis, or any bloodborne pathogen should the healthcare worker have an exposure to the patient's blood or other body fluids.
 - c. The disposal of any body parts or tissues removed according to Monument Health policy, including the use of de-identified specimens for research purposes.
 - d. Transfer and transportation to another facility for further care as instructed by the patient's provider.
 - e. Allow the patient's prescription medication history to be obtained from external electronic sources.
2. **General Risks.** The Undersigned, whether as patient or as agent, understands that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. No guarantees can or have been made regarding the results of examinations, procedures, or treatment.
3. **Healthcare Providers/Relationships.** The Undersigned, whether as patient or as agent, understands:
 - a. That providers furnishing services to the patient, including the radiologists, pathologists, anesthesiologists, emergency room providers, and the patient's attending and consulting providers, may be independent contractors, independent practitioners, or employees of Monument Health. Only employees of Monument Health may be considered agents of Monument Health. Additional clarification should be made by asking the patient's providers.
 - b. That among those who may care for the patient at this Monument Health facility are medical, nursing, and other healthcare students who, unless requested otherwise, may be present or administer care as part of their training.
 - c. That Monument Health may utilize certain electronic technologies to communicate between healthcare providers and monitor patients receiving care at Monument Health facilities. Examples include but are not limited to eICU, Telemedicine, and Telepharmacy.
4. **Release of Information.** The Undersigned, whether as patient or as agent, authorizes the following:
 - a. Monument Health may disclose all or portions of the patient's medical record to any person or entity or their agents who may be liable to pay for all or a portion of the charges. Monument Health's authority shall include but is not limited to release of the patient's diagnosis, surgical procedure, plan of care, and benefits by telephone at the time of appointment check-in or admission or during or after the appointment or hospitalization. The entities to whom the information may be released shall include but not be limited to insurance companies, health maintenance organizations, worker's compensation carriers, or government or other payors or their agents, such as utilization review, rehabilitation, or auditing agencies.
 - b. Release of clinical information to providers and facilities for the purpose of continued healthcare. The patient or agent understands that healthcare providers participate in Monument Health's Connect Program, and that patient data will be stored in a shared community electronic record. This clinical data may be shared with Monument Health, its affiliates, and other healthcare providers whom are associated with the patient's medical care.
 - c. Gives consent to Monument Health and its respective subsidiaries, affiliates, and vendors, to contact the Undersigned at the number provided using any means of communication, including, but not limited to, calls placed to a cellular phone using an automated dialing device and calls using prerecorded messages and/or SMS text messages, regarding any current or future accounts, outstanding balances, or payments owed to Monument Health or its respective subsidiaries and affiliates even if the Undersigned will be charged by his or her service provider(s) for receiving such communications. The Undersigned understands he or she will be provided the option to update communication preferences during the servicing of accounts and will notify Monument Health if he or she wishes to revoke this method of notification.
5. **Personal Valuables.** The Undersigned, whether as patient or as agent, acknowledges and understands that keeping personal valuables is highly discouraged, and he or she is responsible for them (including money, jewelry, dentures, hearing aids, eyeglasses, etc.) while a patient at Monument Health. The hospital maintains a safe for safekeeping of personal valuables, and the Undersigned releases Monument Health from any liability for loss or damage due to the patient's negligence or that of any Monument Health employee unless the valuables are placed in the safe.



Waisanen, Chyenne M
DOB: [REDACTED] Female
MRN: [REDACTED]
CSN: 100040000
DOS: 3/25/2022 0725



Consent to Treatment and Conditions of Admission

Page 2 of 3

6. **Promise to Pay Account.** The Undersigned agrees that he or she will pay for the care the patient receives. The person signing this document, whether he or she is the patient or is signing for the patient, agrees that he or she personally obligates himself or herself to pay the account charges in accordance with the rates and policies of Monument Health. He or she also agrees that Monument Health may assess interest on any unpaid balance at a rate not to exceed the maximum statutory amount per year.
7. **Guarantee of Account.** The Undersigned understands that Monument Health must be paid for the care the patient receives. The Undersigned may expect that someone else is going to pay for the patient's care, as there may be insurance coverage, or the patient may have been injured due to someone else's negligence, or there may be other circumstances; however, the Undersigned agrees to be personally responsible for paying for the care received. Even if the Undersigned believes another party is obligated to pay for the care, he or she still agrees to personally guarantee Monument Health will be paid for the care the patient receives. Therefore, the person signing this document, whether he or she is the patient or is signing for the patient, agrees that he or she personally obligates himself or herself to pay the charges in accordance with the rates and policies of Monument Health. He or she agrees that Monument Health may assess interest on any unpaid balance at a rate not to exceed the maximum statutory allowable interest rate per year.
8. **Patient Portion Due at Time of Service.** The Undersigned, whether as patient or as agent, acknowledges all co-payments must be paid at time of service. This arrangement is part of the patient's contract with his or her insurance company. For procedures, the Undersigned will be asked to pay a co-insurance and deductible. Upon request, an estimate of services will be given prior to the service being performed.
9. **Insurance and Claims Submission.** The Undersigned, whether as patient or as agent, understands Monument Health will submit insurance claims to most insurance companies; however, if Monument Health does not participate with the patient's insurance plan, it will be the responsibility of the Undersigned to pay-in-full at time of service. The Undersigned should be aware that some or all of the services may be non-covered by insurers, and many insurance companies require pre-authorization for various procedures. Monument Health will assist in obtaining the necessary pre-authorizations when needed; however, it is the responsibility of the Undersigned to determine if the patient's insurance company requires one. Failure to obtain the necessary pre-authorization or second opinion may result in a reduction or denial of benefits by the insurance company, which would result in the requirement of the Undersigned to pay the full amount due. For employer-requested services, Monument Health will confirm pre-authorization and guarantee of payment prior to the service being rendered.
10. **Assignment of Insurance Benefits.** If the patient's care is covered by insurance, the Undersigned agrees the insurance company is to pay Monument Health directly for the patient's care. Additionally, certain physicians (e.g., anesthesiologists, oncologists, pathologists, and radiologists) may participate in the patient's care. These physicians are not employees or agents of Monument Health, and they will bill separately for their care. The person signing this form, whether he or she is the patient or is signing for the patient, authorizes direct payment to Monument Health and/or the physicians of any insurance benefits, settlements, or awards otherwise payable for this hospitalization or outpatient service (including emergency services if rendered) at a rate not to exceed the respective charges of Monument Health and/or the physicians. The Undersigned understands he or she is financially responsible for charges not paid by insurance or any other third-party payor.
11. **Patient Rights and Responsibilities.** The Undersigned, whether as patient or as agent, acknowledges he or she has been given the opportunity to review the Patient Rights and Responsibilities.
12. **Notice of Privacy Practices.** The Undersigned, whether as patient or as agent, acknowledges that the law requires that Monument Health maintain the privacy of the patient's Protected Health Information and that Monument Health provide a notice of legal duties and privacy policies with respect to protected health information. By signing below, the Undersigned acknowledges that he or she has received a copy of Monument Health's Notice of Privacy Practices.
13. **Minor Patients.** The Undersigned understands that the parent or guardian accompanying a minor is responsible for payment. An unaccompanied minor will not be seen without a minor consent form signed by the parent or guardian, and the minor must bring his or her co-payment or patient portion due at the time of service.
14. **Providers May Not Be On-Site 24 Hours Per Day, 7 Days Per Week.** The Undersigned, whether as patient or as agent, understands the following:
 - a. Monument Health's Critical Access Hospitals (Custer, Lead-Deadwood, and Sturgis) may not have a medical provider on-site 24 hours per day, 7 days per week; however, a medical provider is on-call 24 hours per day, 7 days per week,



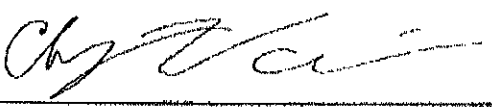
Waisanen, Chyenne M
DOB: [REDACTED] Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 3/25/2022 0725



Consent to Treatment and Conditions of Admission

Page 3 of 3

- with a response time to the facility within 30 minutes to manage any emergency conditions that may occur.
- b. Monument Health's Spearfish Surgery Center, a department of Monument Health Spearfish Hospital, does not have a physician and/or provider in-house 24 hours per day, 7 days per week. An on-call physician or provider is available 24 hours per day, 7 days per week, to meet the needs of any patient who develops an emergency medical condition.



Signature captured with Topaz by Chyenne M. Waisanen at 3/25/2022 08:27 AM

Patient or Agent Signature

Printed Name If Signature Is Other than the Patient's

Relationship to Patient



2nd Witness Signature (If Applicable)

Emily Anderson
Witness



Walsanen, Chyenne M

CSN: [REDACTED]
DOB: [REDACTED] Female
MRN: [REDACTED]
Adm Date: 3/25/22



Anesthesia Consent

I have explained to the patient (or his/her guardian) the nature of the anesthetic or sedative planned at Monument Health Rapid City Hospital and alternative approaches.

I have discussed the possibility of major risks or complications including but not limited to heart problems, lung problems, infection, bleeding, adverse drug reactions, blood clots, nerve damage, loss of limb function, paralysis, brain damage, or death. I have explained that with any procedure there is a possibility of unexpected problems, and no guarantees or promises can be made concerning results.

Potential problems involving anesthetic alternatives and related care:

- ☐ **General Anesthesia** Sore throat, hoarseness, injury to teeth or airway, injury to arteries or veins, injury to eyes, awareness under anesthesia, nausea, and vomiting.
- ☒ **Monitored Anesthesia Care (With or Without Sedation)** Depending on depth of level of sedation varying levels of awareness may occur, depressed breathing, potential injury to blood vessels.
- ☐ **Nerve Blocks** Pain or discomfort, injury to arteries or veins, need for general anesthesia, headache, eye damage, double vision, droopy eyelid.
- ☐ **Regional Anesthetic or Invasive Monitoring** Blood vessel damage, punctured lung, nerve damage.

There is occasionally the need for hospitalization because of anesthesia complications.

Anesthesia provided by: CRNA with Physician supervision

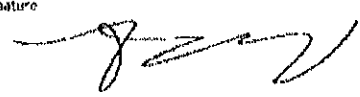
I am aware there may be students involved in my care such as a Medical Student, Student Registered Nurse Anesthetist, Emergency Medical Technician, Paramedic or Respiratory Therapy Student.

I understand, during my procedure a condition may arise or be discovered that the Anesthesia Provider did not or could not have anticipated. In that case, I consent to the administration of an alternative type of anesthesia and/or the performance of procedure(s) in addition to or different from that planned, which the Anesthesia Provider considers necessary or advisable to protect my life or health.

Comment:

I have had an opportunity to ask questions and have had them answered to my satisfaction. I understand and agree to all of the terms above.

Provider Signature:

Provider Signature

Signature captured with Topaz at 3/25/2022 07:01 AM

Provider Name:
ERENBERG, BRIAN



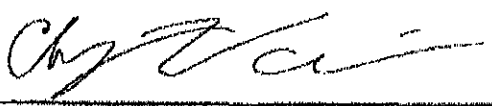
Walsanen, Chyenne M
DOB: [REDACTED] Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 3/25/2022 0725



Consent to Treatment and Conditions of Admission

Page 3 of 3

- with a response time to the facility within 30 minutes to manage any emergency conditions that may occur.
- b. Monument Health's Spearfish Surgery Center, a department of Monument Health Spearfish Hospital, does not have a physician and/or provider in-house 24 hours per day, 7 days per week. An on-call physician or provider is available 24 hours per day, 7 days per week, to meet the needs of any patient who develops an emergency medical condition.


Signature captured with Topaz by Chyenne M. Walsanen at 3/25/2022 06:27 AM

Patient or Agent Signature

Printed Name if Signature is Other than the Patient's

Relationship to Patient

[REDACTED]

2nd Witness Signature (If Applicable)

Emily Anderson

Witness



Walsanen, Chyenne M
DOB: [REDACTED] Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 5/22/2024 0644



Consent to Treatment and Conditions of Admission

Page 1 of 3

1. **Consent for Medical and Hospital Care.** The Undersigned, whether as patient or as agent, consents to the following:
 - a. All initiation of care, consultation, treatment, and procedures to be performed during this hospitalization or on an outpatient basis (including emergency treatment or services). The treatment and procedures may include, but are not limited to, laboratory tests, x-rays, physical examinations, injections, medical or surgical treatments or procedures, anesthesia, other hospital services rendered under the general and special instructions of the patient's provider, or restraints that are necessary for safety and/or medical healing.
 - b. Testing for HIV antibody (AIDS), hepatitis, or any bloodborne pathogen should the healthcare worker have an exposure to the patient's blood or other body fluids.
 - c. The disposal of any body parts or tissues removed according to Monument Health policy, including the use of de-identified specimens for research purposes.
 - d. Transfer and transportation to another facility for further care as instructed by the patient's provider.
 - e. Allow the patient's prescription medication history to be obtained from external electronic sources.
2. **General Risks.** The Undersigned, whether as patient or as agent, understands that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. No guarantees can or have been made regarding the results of examinations, procedures, or treatment.
3. **Healthcare Providers/Relationships.** The Undersigned, whether as patient or as agent, understands:
 - a. That providers furnishing services to the patient, including the radiologists, pathologists, anesthesiologists, emergency room providers, and the patient's attending and consulting providers, may be independent contractors, independent practitioners, or employees of Monument Health. Only employees of Monument Health may be considered agents of Monument Health. Additional clarification should be made by asking the patient's providers.
 - b. That among those who may care for the patient at this Monument Health facility are medical, nursing, and other healthcare students who, unless requested otherwise, may be present or administer care as part of their training.
 - c. That to support the care provided, Monument Health is using technology in some settings that uses artificial intelligence to generate entries in the patient's medical record based on secure audio recordings, machine learning, and cloud-based voice recognition of the visit or exam. A third-party service processes the recording and creates information for the medical record that is reviewed and approved by the patient's provider.
 - d. That Monument Health may utilize certain electronic technologies to communicate between healthcare providers and monitor patients receiving care at Monument Health facilities. Examples include, but are not limited to, eICU, Telemedicine, and Telepharmacy, which use video cameras in rooms where patients receive care to transmit what happens in those rooms to caregivers.
4. **Release of Information.** The Undersigned, whether as patient or as agent, authorizes the following:
 - a. Monument Health may disclose all or portions of the patient's medical record to any person or entity or their agents who may be liable to pay for all or a portion of the charges. Monument Health's authority shall include but is not limited to release of the patient's diagnosis, surgical procedure, plan of care, and benefits by telephone at the time of appointment check-in or admission or during or after the appointment or hospitalization. The entities to whom the information may be released shall include but not be limited to insurance companies, health maintenance organizations, worker's compensation carriers, or government or other payors or their agents, such as utilization review, rehabilitation, or auditing agencies.
 - b. Release of clinical information to providers and facilities for the purpose of continued healthcare. The patient or agent understands that healthcare providers participate in Monument Health's Connect Program, and that patient data will be stored in a shared community electronic record. This clinical data may be shared with Monument Health, its affiliates, and other healthcare providers whom are associated with the patient's medical care.
 - c. Gives consent to Monument Health and its respective subsidiaries, affiliates, and vendors, to contact the Undersigned at the number provided using any means of communication, including, but not limited to, calls placed to a cellular phone using an automated dialing device and calls using prerecorded messages and/or SMS text messages, regarding any current or future accounts, outstanding balances, or payments owed to Monument Health or its respective subsidiaries and affiliates even if the Undersigned will be charged by his or her service provider(s) for receiving such communications. The Undersigned understands he or she will be provided the option to update communication preferences during the servicing of accounts and will notify Monument Health if he or she wishes to revoke this method of notification.



Waisanen, Chyenne M

CSN:

DOB:

MRN:

Adm Date: 3/25/22



Anesthesia Consent

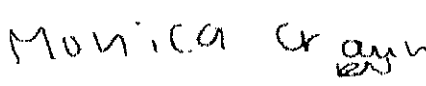
Patient/Surrogate Decision-Maker Signature:


Signature captured at 3/25/2022 07:07 AM

Name:

Relationship:

Witness Signature:


Signature captured at 3/25/2022 07:07 AM

Second Witness (telephone consent):

Witness Name(s):



MH Rapid City Clinic Flormann St



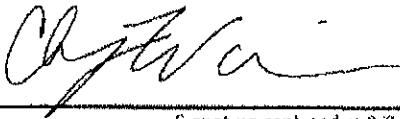
Walsanen, Chyanne M
DOB: [REDACTED] o. Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 8/8/2024



**Consent to Treatment:
Clinic, Recurring Series,
and Outpatient Services**

Page 2 of 2

5. **Patient Rights and Responsibilities.** The Undersigned, whether as patient or as agent, acknowledges he or she has been given the opportunity to review the Patient Rights and Responsibilities.
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Signature captured at 8/8/2024 12:41 PM



Renate Naber
Witness



MH Rapid City Clinic Caregiver Cir



ETREATCH

Walsanen, Cheyenne

DOB: [REDACTED] Female

MRN: [REDACTED]

CSN: [REDACTED]

DOS: 9/17/2021



Consent to Treatment: Clinic, Recurring Series, and Outpatient Services

Page 1 of 2

1. **Consent for Medical Care.** The Undersigned, whether as patient or as agent, consents to the following:
 - a. All initiation of care, consultation, treatment, and procedures to be performed (including emergency treatment or services). The treatment and procedures may include, but are not limited to, laboratory tests, x-rays, physical examinations, injections, medical or surgical treatments or procedures, anesthesia, or other services rendered under the general and special instructions of the patient's provider.
 - b. Testing for HIV antibody (AIDS), hepatitis, or any bloodborne pathogen should the healthcare worker have an exposure to the patient's blood or other body fluids.
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 - d. Transfer and transportation to another facility for further care as instructed by the patient's provider.
 - e. Allow the patient's prescription medication history to be obtained from external electronic sources.
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3. **Healthcare Providers/Relationships.** The Undersigned, whether as patient or as agent, understands:
 - a. That providers furnishing services to the patient, including the radiologists, pathologists, anesthesiologists, emergency room providers, and the patient's attending and consulting providers, may be independent contractors, independent practitioners, or employees of Monument Health. Only employees of Monument Health may be considered agents of Monument Health. Additional clarification should be made by asking the patient's providers.
 - b. That among those who may care for the patient at this Monument Health facility are medical, nursing, and other healthcare students who, unless requested otherwise, may be present or administer care as part of their training.
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 - b. Release of clinical information to providers and facilities for the purpose of continued healthcare. The patient or agent understands that healthcare providers participate in Monument Health's Connect Program, and that patient data will be stored in a shared community electronic record. This clinical data may be shared with Monument Health, its affiliates, and other healthcare providers whom are associated with the patient's medical care.
 - c. Gives consent to Monument Health and its respective subsidiaries, affiliates, and vendors, to contact the Undersigned at the number provided using any means of communication, including, but not limited to, calls placed to a cellular phone using an automated dialing device and calls using prerecorded messages and/or SMS text messages, regarding any current or future accounts, outstanding balances, or payments owed to Monument Health or its respective subsidiaries and affiliates even if the Undersigned will be charged by his or her service provider(s) for receiving such communications. The Undersigned understands he or she will be provided the option to update communication preferences during the servicing of accounts and will notify Monument Health if he or she wishes to revoke this method of notification.
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MH Rapid City Clinic Caregiver Cir



ETREATCH

Walsanen, Cheyenne

DOB: [REDACTED] y.o. Female

MRN: [REDACTED]

CSN: [REDACTED]

DOS: 9/1/2021



**Consent to Treatment:
Clinic, Recurring Series,
and Outpatient Services**

Page 2 of 2

A handwritten signature in black ink, appearing to be "C. Z. H.", written over a white rectangular background.

Signature captured at 9/1/2021 01:05 PM

Patient or Agent Signature

A large, empty rectangular box with a black border, intended for a second signature.

2nd Witness Signature (If Applicable)

Printed Name if Signature is Other than the Patient's

Relationship to Patient

Kimberly Keller
Witness



MH Rapid City Clinic Caregiver Cir



EFINAGR

Waisanen, Cheyenne

DOB: [REDACTED] Female

MRN: [REDACTED]

CSN: [REDACTED]

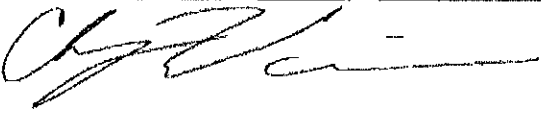
DOS: 9/1/2021



Financial Responsibility Agreement

Page 1 of 1

- 1. Patient Portion Due at Time of Service.** The Undersigned, whether as patient or as agent, acknowledges all co-payments must be paid at time of service. This arrangement is part of the patient's contract with his or her insurance company. For procedures, the Undersigned will be asked to pay a co-insurance and deductible. Upon request, an estimate of services will be given prior to the service being performed.
- 2. Insurance and Claims Submission.** The Undersigned, whether as patient or as agent, understands Monument Health will submit insurance claims to most insurance companies; however, if Monument Health does not participate with the patient's insurance plan, it will be the responsibility of the Undersigned to pay-in-full at time of service. The Undersigned should be aware that some or all of the services may be non-covered by insurers, and many insurance companies require pre-authorization for various procedures. Monument Health will assist in obtaining the necessary pre-authorizations when needed; however, it is the responsibility of the Undersigned to determine if the patient's insurance company requires one. Failure to obtain the necessary pre-authorization or second opinion may result in a reduction or denial of benefits by the insurance company, which would result in the requirement of the Undersigned to pay the full amount due. For employer-requested services, Monument Health will confirm pre-authorization and guarantee of payment prior to the service being rendered.
- 3. Assignment of Insurance Benefits.** If the patient's care is covered by insurance, the Undersigned agrees the insurance company is to pay Monument Health directly for the patient's care. Additionally, certain physicians (e.g., anesthesiologists, oncologists, pathologists, and radiologists) may participate in the patient's care. These physicians are not employees or agents of Monument Health, and they will bill separately for their care. The person signing this form, whether he or she is the patient or is signing for the patient, authorizes direct payment to Monument Health and/or the physicians of any insurance benefits, settlements, or awards otherwise payable for this outpatient service (including emergency services if rendered) at a rate not to exceed the respective charges of Monument Health and/or the physicians. The Undersigned understands he or she is financially responsible for charges not paid by insurance or any other third-party payor.
- 4. Promise to Pay Account.** The Undersigned agrees that he or she will pay for the care the patient receives. The person signing this document, whether he or she is the patient or is signing for the patient, agrees that he or she personally obligates himself or herself to pay the account charges in accordance with the rates and policies of Monument Health. If the patient is uninsured or has a large deductible, payment arrangements can be made with a Monument Health Patient Financial Counselor. The Undersigned also agrees that Monument Health may assess interest on any unpaid balance at a rate not to exceed the maximum statutory amount per year.
- 5. Guarantee of Account.** The Undersigned understands that Monument Health must be paid for the care the patient receives. The Undersigned may expect that someone else is going to pay for the patient's care, as there may be insurance coverage, or the patient may have been injured due to someone else's negligence, or there may be other circumstances; however, the Undersigned agrees to be personally responsible for paying for the care received. Even if the Undersigned believes another party is obligated to pay for the care, he or she still agrees to personally guarantee Monument Health will be paid for the care the patient receives. Therefore, the person signing this document, whether he or she is the patient or is signing for the patient, agrees that he or she personally obligates himself or herself to pay the charges in accordance with the rates and policies of Monument Health. He or she agrees that Monument Health may assess interest on any unpaid balance at a rate not to exceed the maximum statutory allowable interest rate per year.
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Signature captured with Topaz by Cheyenne Waisanen at 9/1/2021 01:05 PM

Patient or Agent Signature

Printed Name if Signature Is Other than the Patient's

Kimberly Keller

Relationship to Patient

Witness


MONUMENT
HEALTH
MH Rapid City Clinic Caregiver Cir



Walsanen, Cheyenne
DOB: [REDACTED] y.o. Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 9/1/2021



**Consent to Treatment:
Clinic, Recurring Series,
and Outpatient Services**

Page 2 of 2


Signature captured at 9/1/2021 01:05 PM

Patient or Agent Signature

[REDACTED]

2nd Witness Signature (If Applicable)

Printed Name if Signature is Other than the Patient's

Relationship to Patient

Kimberly Keller
Witness

[REDACTED]
[REDACTED] T
[REDACTED] H
[REDACTED] I

[REDACTED]
[REDACTED] A H

[REDACTED] e
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[REDACTED] 5



Walsanen, Chyanne
DOB: [REDACTED] Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 1/11/2022 0800



Consent to Treatment: Clinic, Recurring Series, and Outpatient Services

Page 1 of 2

1. **Consent for Medical Care.** The Undersigned, whether as patient or as agent, consents to the following:
 - a. All initiation of care, consultation, treatment, and procedures to be performed (including emergency treatment or services). The treatment and procedures may include, but are not limited to, laboratory tests, x-rays, physical examinations, injections, medical or surgical treatments or procedures, anesthesia, or other services rendered under the general and special instructions of the patient's provider.
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Waisanen, Chyenne M

CSN:

DOB:

MRN:

Adm Date: 5/22/24



Anesthesia Consent

I have explained to the patient (or his/her guardian) the nature of the anesthetic or sedative planned at Monument Health Rapid City Hospital and alternative approaches.

I have discussed the possibility of major risks or complications including but not limited to heart problems, lung problems, infection, bleeding, adverse drug reactions, blood clots, nerve damage, loss of limb function, paralysis, brain damage, or death. I have explained that with any procedure there is a possibility of unexpected problems, and no guarantees or promises can be made concerning results.

Potential problems involving anesthetic alternatives and related care:

☒ **General Anesthesia** Sore throat, hoarseness, injury to teeth or airway, injury to arteries or veins, injury to eyes, awareness under anesthesia, nausea, and vomiting.

☐ **Monitored Anesthesia Care (With or Without Sedation)** Depending on depth of level of sedation varying levels of awareness may occur, depressed breathing, potential injury to blood vessels.

☐ **Nerve Blocks** Pain or discomfort, injury to arteries or veins, need for general anesthesia, headache, eye damage, double vision, droopy eyelid.

☒ **Regional Anesthetic or Invasive Monitoring** Blood vessel damage, punctured lung, nerve damage.

There is occasionally the need for hospitalization because of anesthesia complications.

Anesthesia provided by: CRNA with Anesthesiologist supervision

I am aware there may be students involved in my care such as a Medical Student, Student Registered Nurse Anesthetist, Emergency Medical Technician, Paramedic or Respiratory Therapy Student.

I understand, during my procedure a condition may arise or be discovered that the Anesthesia Provider did not or could not have anticipated. In that case, I consent to the administration of an alternative type of anesthesia and/or the performance of procedure(s) in addition to or different from that planned, which the Anesthesia Provider considers necessary or advisable to protect my life or health.

Comment:

I have had an opportunity to ask questions and have had them answered to my satisfaction. I understand and agree to all of the terms above.

Provider Signature:

Provider Signature



Saved signature used at 5/22/2024 9:57 PM

Provider Name: BUTZ, JOHN

Patient/Surrogate Decision-Maker Signature:

Witness Signature:



Waisanen, Chyenne M

CSN:

DOB:

MRN:

Adm Date: 5/22/24



Anesthesia Consent

Person Responsible Signature

A handwritten signature in black ink, appearing to read "Chyenne M. Waisanen".

Signature captured with Topaz Signature Pad at 5/22/2024 10:09 PM

Witness Signature

A handwritten signature in black ink, appearing to read "Danielle Rhoads".

Signature captured with Topaz Signature Pad at 5/22/2024 10:09 PM

Danielle Rhoads, RN

Second Witness Signature (telephone consent)

Empty box for Second Witness Signature (telephone consent)

MONUMENT
HEALTH



Waisanen, Chyenne M

CSN:

DOB:

MRN:

Adm Date: 5/22/24



Anesthesia Consent

Person Responsible Signature

A handwritten signature in black ink.

Signature captured with Topaz Signature Pad at 5/22/2024 12:25 PM

Witness Signature

A handwritten signature in black ink.

Signature captured with Topaz Signature Pad at 5/22/2024 1:04 PM

Second Witness Signature (telephone consent)



EANESCON

Waisanen, Chyenne M

CSN: [REDACTED]

DOB: [REDACTED]

MRN: [REDACTED]

Adm Date: 5/22/24



Anesthesia Consent

I have explained to the patient (or his/her guardian) the nature of the anesthetic or sedative planned at Monument Health Rapid City Hospital and alternative approaches.

I have discussed the possibility of major risks or complications including but not limited to heart problems, lung problems, infection, bleeding, adverse drug reactions, blood clots, nerve damage, loss of limb function, paralysis, brain damage, or death. I have explained that with any procedure there is a possibility of unexpected problems, and no guarantees or promises can be made concerning results.

Potential problems involving anesthetic alternatives and related care:

- ☐ **General Anesthesia** Sore throat, hoarseness, injury to teeth or airway, injury to arteries or veins, injury to eyes, awareness under anesthesia, nausea, and vomiting.
- ☐ **Monitored Anesthesia Care (With or Without Sedation)** Depending on depth of level of sedation varying levels of awareness may occur, depressed breathing, potential injury to blood vessels.
- ☐ **Nerve Blocks** Pain or discomfort, injury to arteries or veins, need for general anesthesia, headache, eye damage, double vision, droopy eyelid.
- ☒ **Regional Anesthetic or Invasive Monitoring** Blood vessel damage, punctured lung, nerve damage.

There is occasionally the need for hospitalization because of anesthesia complications.

Anesthesia provided by: Anesthesiologist

I am aware there may be students involved in my care such as a Medical Student, Student Registered Nurse Anesthetist, Emergency Medical Technician, Paramedic or Respiratory Therapy Student.

I understand, during my procedure a condition may arise or be discovered that the Anesthesia Provider did not or could not have anticipated. In that case, I consent to the administration of an alternative type of anesthesia and/or the performance of procedure(s) in addition to or different from that planned, which the Anesthesia Provider considers necessary or advisable to protect my life or health.

Comment:

I have had an opportunity to ask questions and have had them answered to my satisfaction. I understand and agree to all of the terms above.

Provider Signature:

Provider Signature

Saved signature used at 5/23/2024 12:23 PM

Provider Name: HUOT, MICHAEL

Patient/Surrogate Decision-Maker Signature:

Witness Signature:



Waisanen, Chyenne M

CSN:

DOB:

MRN:

Adm Date: 3/24/24



Anesthesia Consent

Person Responsible Signature

Signature captured with Topaz Signature Pad at 3/25/2024 08:52 AM

Chyenne Waisanen

Witness Signature

Signature captured with Topaz Signature Pad at 3/25/2024 08:53 AM

Kaitlin Schleusner RN

Second Witness Signature (telephone consent)



Waisanen, Chyenne M

CSN: [REDACTED]
DOB: [REDACTED]
MRN: [REDACTED]
Adm Date: 3/24/24



Anesthesia Consent

I have explained to the patient (or his/her guardian) the nature of the anesthetic or sedative planned at Monument Health Rapid City Hospital and alternative approaches.

I have discussed the possibility of major risks or complications including but not limited to heart problems, lung problems, infection, bleeding, adverse drug reactions, blood clots, nerve damage, loss of limb function, paralysis, brain damage, or death. I have explained that with any procedure there is a possibility of unexpected problems, and no guarantees or promises can be made concerning results.

Potential problems involving anesthetic alternatives and related care:

- ☒ **General Anesthesia** Sore throat, hoarseness, injury to teeth or airway, injury to arteries or veins, injury to eyes, awareness under anesthesia, nausea, and vomiting.
- ☒ **Monitored Anesthesia Care (With or Without Sedation)** Depending on depth of level of sedation varying levels of awareness may occur, depressed breathing, potential injury to blood vessels.
- ☒ **Nerve Blocks** Pain or discomfort, injury to arteries or veins, need for general anesthesia, headache, eye damage, double vision, droopy eyelid.
- ☒ **Regional Anesthetic or Invasive Monitoring** Blood vessel damage, punctured lung, nerve damage.

There is occasionally the need for hospitalization because of anesthesia complications.

Anesthesia provided by: CRNA with Anesthesiologist supervision

I am aware there may be students involved in my care such as a Medical Student, Student Registered Nurse Anesthetist, Emergency Medical Technician, Paramedic or Respiratory Therapy Student.

I understand, during my procedure a condition may arise or be discovered that the Anesthesia Provider did not or could not have anticipated. In that case, I consent to the administration of an alternative type of anesthesia and/or the performance of procedure(s) in addition to or different from that planned, which the Anesthesia Provider considers necessary or advisable to protect my life or health.

Comment:

I have had an opportunity to ask questions and have had them answered to my satisfaction. I understand and agree to all of the terms above.

Provider Signature:

Provider Signature

Saved signature used at 3/25/2024 06:30 AM

Provider Name: HUOT, MICHAEL

Patient/Surrogate Decision-Maker Signature:

Witness Signature:



ECONSENT

Waisanen, Chyenne M

CSN:

DOB:

MRN:

Adm Date: 052224



Informed Consent for Surgery and Procedures

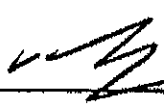
more surgery during my procedure, I permit the provider to proceed, with the following exceptions:

I ask that any tissue, parts, organs, body fluids, or blood products removed from me be disposed of by the hospital as usual, including the use of my de-identified specimens for research purposes, with the following exceptions:

I have had the chance to ask questions. The information I have been given is enough for me to understand the consequences of my decision and consent to this procedure as my own free act.

Provider Signature:

Provider Signature



Electronically signed at 5/22/2024 10:16 PM

Patient/Surrogate Decision-Maker Signature:

Signature captured with Topaz Signature Pad at 5/22/2024 10:12 PM

Provider Name:

BUEHNER, MARVIN [3219]

Witness Signature:

Signature captured with Topaz Signature Pad by Danielle Rhoads RN at 5/22/2024 10:10 PM

Second Witness (telephone consent):



MH Rapid City Urgent Care
Jackson Blvd



ETREATCH

Walsanen, Chyenne M

DOB: [REDACTED] o. Female

MRN: [REDACTED]

CSN: [REDACTED]

DOS: 5/29/2024



Consent to Treatment: Clinic, Recurring Series, and Outpatient Services

Page 1 of 2

1. **Consent for Medical Care.** The Undersigned, whether as patient or as agent, consents to the following:
 - a. All initiation of care, consultation, treatment, and procedures to be performed (including emergency treatment or services). The treatment and procedures may include, but are not limited to, laboratory tests, x-rays, physical examinations, injections, medical or surgical treatments or procedures, anesthesia, other services rendered under the general and special instructions of the patient's provider, or restraints that are necessary for safety and/or medical healing..
 - b. Testing for HIV antibody (AIDS), hepatitis, or any bloodborne pathogen should the healthcare worker have an exposure to the patient's blood or other body fluids.
 - c. The disposal of any body parts or tissues removed according to Monument Health policy, including the use of de-identified specimens for research purposes.
 - d. Transfer and transportation to another facility for further care as instructed by the patient's provider.
 - e. Allow the patient's prescription medication history to be obtained from external electronic sources.
2. **General Risks.** The Undersigned, whether as patient or as agent, understands that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. No guarantees can or have been made regarding the results of examinations, procedures, or treatment.
3. **Healthcare Providers/Relationships.** The Undersigned, whether as patient or as agent, understands:
 - a. That providers furnishing services to the patient, including the radiologists, pathologists, anesthesiologists, emergency room providers, and the patient's attending and consulting providers, may be independent contractors, independent practitioners, or employees of Monument Health. Only employees of Monument Health may be considered agents of Monument Health. Additional clarification should be made by asking the patient's providers.
 - b. That among those who may care for the patient at this Monument Health facility are medical, nursing, and other healthcare students who, unless requested otherwise, may be present or administer care as part of their training.
 - c. That to support the care provided, Monument Health is using technology in some settings that uses artificial intelligence to generate entries in the patient's medical record based on secure audio recordings, machine learning, and cloud-based voice recognition of the visit or exam. A third-party service processes the recording and creates information for the medical record that is reviewed and approved by the patient's provider.
 - d. That Monument Health may utilize certain electronic technologies to communicate between healthcare providers and monitor patients receiving care at Monument Health facilities. Examples include but are not limited to eICU, Telemedicine, and Telepharmacy, which use video cameras in rooms where patients receive care to transmit what happens in those rooms to caregivers.
4. **Release of Information.** The Undersigned, whether as patient or as agent, authorizes the following:
 - a. Monument Health may disclose all or portions of the patient's medical record to any person or entity or their agents who may be liable to pay for all or a portion of the charges. Monument Health's authority shall include but is not limited to release of the patient's diagnosis, surgical procedure, plan of care, and benefits by telephone at the time of appointment check-in or during or after the appointment. The entities to whom the information may be released shall include but not be limited to insurance companies, health maintenance organizations, worker's compensation carriers, or government or other payors or their agents, such as utilization review, rehabilitation, or auditing agencies.
 - b. Release of clinical information to providers and facilities for the purpose of continued healthcare. The patient or agent understands that healthcare providers participate in Monument Health's Connect Program, and that patient data will be stored in a shared community electronic record. This clinical data may be shared with Monument Health, its affiliates, and other healthcare providers whom are associated with the patient's medical care.
 - c. Gives consent to Monument Health and its respective subsidiaries, affiliates, and vendors, to contact the Undersigned at the number provided using any means of communication, including, but not limited to, calls placed to a cellular phone using an automated dialing device and calls using prerecorded messages and/or SMS text messages, regarding any current or future accounts, outstanding balances, or payments owed to Monument Health or its respective subsidiaries and affiliates even if the Undersigned will be charged by his or her service provider(s) for receiving such communications. The Undersigned understands he or she will be provided the option to update communication preferences during the servicing of accounts and will notify Monument Health if he or she wishes to revoke this



MH Rapid City Clinic Fairmont Blvd



ETREATCH

Walsanen, Chyenne M

DOB: [REDACTED] Female

MRN: [REDACTED]

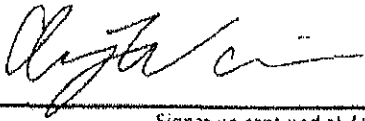
CSN: [REDACTED]

DOS: 4/9/2024

**Consent to Treatment:
Clinic, Recurring Series,
and Outpatient Services**

Page 2 of 2

5. **Patient Rights and Responsibilities.** The Undersigned, whether as patient or as agent, acknowledges he or she has been given the opportunity to review the Patient Rights and Responsibilities.
6. **Notice of Privacy Practices.** The Undersigned, whether as patient or as agent, acknowledges that the law requires that Monument Health maintain the privacy of the patient's Protected Health Information and that Monument Health provide a notice of legal duties and privacy policies with respect to protected health information. By signing below, the Undersigned acknowledges that he or she has received a copy of Monument Health's Notice of Privacy Practices.


Signature captured at 4/9/2024 09:27 AM**Jasmine Tomek**
Witness



ECONSENT

Walsanen, Chyenne M

CSN: [REDACTED]

DOB: [REDACTED]

MRN: [REDACTED]

Adm Date: 052224



Informed Consent for Surgery and Procedures

The Provider, BUEHNER, MARVIN [3219], has told me I have the following condition(s):

I have chosen as treatment for my condition(s) to have the following procedure(s):

Cesarean Section

Operative Side:

This procedure will be performed at .

The provider has told me the reason for this procedure and how it is usually done. I understand that procedures have risks such as severe loss of blood, infection, and/or heart stoppage. My provider has told me about this procedure's/treatment's anticipated benefits, its material risks, and alternative therapies.

No guarantees or promises have been made to me that this procedure will make my condition better.

I permit the provider named above and such other practitioners or persons as are needed to assist him/her to perform this procedure at the above named facility. I understand that providers, other practitioners, and medical students including but not limited to residents could be performing important tasks related to my procedure/treatment. Qualified medical practitioners will only perform tasks that are within their scope of practice and for which they have been granted privileges at the hospital.

I approve the administration of sedation and the use of local anesthetics, drugs and medicines as may be deemed appropriate. If they will be used, the risks and benefits/alternatives of sedation have been explained to me by the procedural provider.

I approve the use of photography, closed circuit television recording and to use the photographs and other materials for study, educational and scientific purposes, in accordance with ordinary practices of the facility. I consent to have my procedure observed, for educational purposes, by individual(s) other than those assisting the provider during the procedure.

If I Accept Blood Products:

I understand certain surgeries, procedures, or illnesses may result in loss of blood. I authorize the administration of blood and/or blood components during the procedure as well as during the course of my hospital stay. If blood will be used, the risks, benefits/alternatives have been explained to me by the provider.

If I Refuse Blood Products:

I request that NO blood derivative be administered to me. I hereby release the hospital, its personnel, the attending provider and its agents from any responsibility whatsoever for unfavorable reactions or any untoward results due to my refusal to permit the use of blood or its derivatives. The possible risks and consequences of such refusal on my part have been fully explained and I fully understand such risks and consequences may occur as a result of my refusal.

BLOOD AND BLOOD PRODUCTS ARE ACCEPTED

To be completed by the patient:

The provider has told me that sometimes during surgery it is discovered that more surgery is needed right away. If I need

CONSENTS



MH Rapid City Clinic Flormann St



ETREATCH

Waisanen, Chyenne

DOB: [REDACTED] Female

MRN: [REDACTED]

CSN: [REDACTED]

DOS: 10/29/2021



Consent to Treatment: Clinic, Recurring Series, and Outpatient Services

Page 1 of 2

1. **Consent for Medical Care.** The Undersigned, whether as patient or as agent, consents to the following:
 - a. All initiation of care, consultation, treatment, and procedures to be performed (including emergency treatment or services). The treatment and procedures may include, but are not limited to, laboratory tests, x-rays, physical examinations, injections, medical or surgical treatments or procedures, anesthesia, or other services rendered under the general and special instructions of the patient's provider.
 - b. Testing for HIV antibody (AIDS), hepatitis, or any bloodborne pathogen should the healthcare worker have an exposure to the patient's blood or other body fluids.
 - c. The disposal of any body parts or tissues removed according to Monument Health policy, including the use of de-identified specimens for research purposes.
 - d. Transfer and transportation to another facility for further care as instructed by the patient's provider.
 - e. Allow the patient's prescription medication history to be obtained from external electronic sources.
2. **General Risks.** The Undersigned, whether as patient or as agent, understands that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. No guarantees can or have been made regarding the results of examinations, procedures, or treatment.
3. **Healthcare Providers/Relationships.** The Undersigned, whether as patient or as agent, understands:
 - a. That providers furnishing services to the patient, including the radiologists, pathologists, anesthesiologists, emergency room providers, and the patient's attending and consulting providers, may be independent contractors, independent practitioners, or employees of Monument Health. Only employees of Monument Health may be considered agents of Monument Health. Additional clarification should be made by asking the patient's providers.
 - b. That among those who may care for the patient at this Monument Health facility are medical, nursing, and other healthcare students who, unless requested otherwise, may be present or administer care as part of their training.
 - c. That Monument Health may utilize certain electronic technologies to communicate between healthcare providers and monitor patients receiving care at Monument Health facilities. Examples include but are not limited to eICU, Telemedicine, and Telepharmacy.
4. **Release of Information.** The Undersigned, whether as patient or as agent, authorizes the following:
 - a. Monument Health may disclose all or portions of the patient's medical record to any person or entity or their agents who may be liable to pay for all or a portion of the charges. Monument Health's authority shall include but is not limited to release of the patient's diagnosis, surgical procedure, plan of care, and benefits by telephone at the time of appointment check-in or during or after the appointment. The entities to whom the information may be released shall include but not be limited to insurance companies, health maintenance organizations, worker's compensation carriers, or government or other payors or their agents, such as utilization review, rehabilitation, or auditing agencies.
 - b. Release of clinical information to providers and facilities for the purpose of continued healthcare. The patient or agent understands that healthcare providers participate in Monument Health's Connect Program, and that patient data will be stored in a shared community electronic record. This clinical data may be shared with Monument Health, its affiliates, and other healthcare providers whom are associated with the patient's medical care.
 - c. Gives consent to Monument Health and its respective subsidiaries, affiliates, and vendors, to contact the Undersigned at the number provided using any means of communication, including, but not limited to, calls placed to a cellular phone using an automated dialing device and calls using prerecorded messages and/or SMS text messages, regarding any current or future accounts, outstanding balances, or payments owed to Monument Health or its respective subsidiaries and affiliates even if the Undersigned will be charged by his or her service provider(s) for receiving such communications. The Undersigned understands he or she will be provided the option to update communication preferences during the servicing of accounts and will notify Monument Health if he or she wishes to revoke this method of notification.
5. **Patient Rights and Responsibilities.** The Undersigned, whether as patient or as agent, acknowledges he or she has been given the opportunity to review the Patient Rights and Responsibilities.
6. **Notice of Privacy Practices.** The Undersigned, whether as patient or as agent, acknowledges that the law requires that Monument Health maintain the privacy of the patient's Protected Health Information and that Monument Health provide a notice of legal duties and privacy policies with respect to protected health information. By signing below, the Undersigned acknowledges that he or she has received a copy of Monument Health's Notice of Privacy Practices.



MH Rapid City Clinic 5th St Multi
Specialty



ETREATCH

Waisanen, Chyenne

DOB:

Female

MRN:

CSN:

DOS: 10/27/2021



**Consent to Treatment:
Clinic, Recurring Series,
and Outpatient Services**

Page 2 of 2

acknowledges that he or she has received a copy of Monument Health's Notice of Privacy Practices.

A handwritten signature in black ink, appearing to read "Krista Schnell".

Signature captured at 10/27/2021 02:28 PM

Patient or Agent Signature

A large, empty rectangular box intended for a second witness signature.

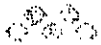
2nd Witness Signature (If Applicable)

Printed Name If Signature is Other than the Patient's

Relationship to Patient

Krista Schnell

Witness

**MONUMENT
HEALTH**

MH Rapid City Clinic Flormann St



ETREATCH

Waisanen, Chyenne M

DOB: [REDACTED] Female

MRN: [REDACTED]

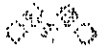
CSN: [REDACTED]

DOS: 8/8/2024

**Consent to Treatment:
Clinic, Recurring Series,
and Outpatient Services**

Page 1 of 2

1. **Consent for Medical Care.** The Undersigned, whether as patient or as agent, consents to the following:
 - a. All initiation of care, consultation, treatment, and procedures to be performed (including emergency treatment or services). The treatment and procedures may include, but are not limited to, laboratory tests, x-rays, physical examinations, injections, medical or surgical treatments or procedures, anesthesia, other services rendered under the general and special instructions of the patient's provider, or restraints that are necessary for safety and/or medical healing..
 - b. Testing for HIV antibody (AIDS), hepatitis, or any bloodborne pathogen should the healthcare worker have an exposure to the patient's blood or other body fluids.
 - c. The disposal of any body parts or tissues removed according to Monument Health policy, including the use of de-identified specimens for research purposes.
 - d. Transfer and transportation to another facility for further care as instructed by the patient's provider.
 - e. Allow the patient's prescription medication history to be obtained from external electronic sources.
2. **General Risks.** The Undersigned, whether as patient or as agent, understands that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. No guarantees can or have been made regarding the results of examinations, procedures, or treatment.
3. **Healthcare Providers/Relationships.** The Undersigned, whether as patient or as agent, understands:
 - a. That providers furnishing services to the patient, including the radiologists, pathologists, anesthesiologists, emergency room providers, and the patient's attending and consulting providers, may be independent contractors, independent practitioners, or employees of Monument Health. Only employees of Monument Health may be considered agents of Monument Health. Additional clarification should be made by asking the patient's providers.
 - b. That among those who may care for the patient at this Monument Health facility are medical, nursing, and other healthcare students who, unless requested otherwise, may be present or administer care as part of their training.
 - c. That to support the care provided, Monument Health is using technology in some settings that uses artificial intelligence to generate entries in the patient's medical record based on secure audio recordings, machine learning, and cloud-based voice recognition of the visit or exam. A third-party service processes the recording and creates information for the medical record that is reviewed and approved by the patient's provider.
 - d. That Monument Health may utilize certain electronic technologies to communicate between healthcare providers and monitor patients receiving care at Monument Health facilities. Examples include but are not limited to eICU, Telemedicine, and Telepharmacy, which use video cameras in rooms where patients receive care to transmit what happens in those rooms to caregivers.
4. **Release of Information.** The Undersigned, whether as patient or as agent, authorizes the following:
 - a. Monument Health may disclose all or portions of the patient's medical record to any person or entity or their agents who may be liable to pay for all or a portion of the charges. Monument Health's authority shall include but is not limited to release of the patient's diagnosis, surgical procedure, plan of care, and benefits by telephone at the time of appointment check-in or during or after the appointment. The entities to whom the information may be released shall include but not be limited to insurance companies, health maintenance organizations, worker's compensation carriers, or government or other payors or their agents, such as utilization review, rehabilitation, or auditing agencies.
 - b. Release of clinical information to providers and facilities for the purpose of continued healthcare. The patient or agent understands that healthcare providers participate in Monument Health's Connect Program, and that patient data will be stored in a shared community electronic record. This clinical data may be shared with Monument Health, its affiliates, and other healthcare providers whom are associated with the patient's medical care.
 - c. Gives consent to Monument Health and its respective subsidiaries, affiliates, and vendors, to contact the Undersigned at the number provided using any means of communication, including, but not limited to, calls placed to a cellular phone using an automated dialing device and calls using prerecorded messages and/or SMS text messages, regarding any current or future accounts, outstanding balances, or payments owed to Monument Health or its respective subsidiaries and affiliates even if the Undersigned will be charged by his or her service provider(s) for receiving such communications. The Undersigned understands he or she will be provided the option to update communication preferences during the servicing of accounts and will notify Monument Health if he or she wishes to revoke this method of notification.

**MONUMENT**
HEALTHMH Rapid City Urgent Care
Jackson Blvd

ETREATCH

Waisanen, Chyenne M

DOB: [REDACTED] o. Female

MRN: [REDACTED]

CSN: [REDACTED]

DOS: 5/29/2024

**Consent to Treatment:
Clinic, Recurring Series,
and Outpatient Services**

Page 2 of 2

method of notification.

5. **Patient Rights and Responsibilities.** The Undersigned, whether as patient or as agent, acknowledges he or she has been given the opportunity to review the Patient Rights and Responsibilities.
6. **Notice of Privacy Practices.** The Undersigned, whether as patient or as agent, acknowledges that the law requires that Monument Health maintain the privacy of the patient's Protected Health Information and that Monument Health provide a notice of legal duties and privacy policies with respect to protected health information. By signing below, the Undersigned acknowledges that he or she has received a copy of Monument Health's Notice of Privacy Practices.

Signature captured at 5/29/2024 11:58 AM

Kelsey Matthews
Witness



Walsanen, Chyenne M
DOB: [REDACTED] Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 5/22/2024 0644



Consent to Treatment and Conditions of Admission

Page 2 of 3

5. **Personal Valuables.** The Undersigned, whether as patient or as agent, acknowledges and understands that keeping personal valuables is highly discouraged, and he or she is responsible for them (including money, jewelry, dentures, hearing aids, eyeglasses, etc.) while a patient at Monument Health. The hospital maintains a safe for safekeeping of personal valuables, and the Undersigned releases Monument Health from any liability for loss or damage due to the patient's negligence or that of any Monument Health employee unless the valuables are placed in the safe.
6. **Promise to Pay Account.** The Undersigned agrees that he or she will pay for the care the patient receives. The person signing this document, whether he or she is the patient or is signing for the patient, agrees that he or she personally obligates himself or herself to pay the account charges in accordance with the rates and policies of Monument Health. He or she also agrees that Monument Health may assess interest on any unpaid balance at a rate not to exceed the maximum statutory amount per year.
7. **Guarantee of Account.** The Undersigned understands that Monument Health must be paid for the care the patient receives. The Undersigned may expect that someone else is going to pay for the patient's care, as there may be insurance coverage, or the patient may have been injured due to someone else's negligence, or there may be other circumstances; however, the Undersigned agrees to be personally responsible for paying for the care received. Even if the Undersigned believes another party is obligated to pay for the care, he or she still agrees to personally guarantee Monument Health will be paid for the care the patient receives. Therefore, the person signing this document, whether he or she is the patient or is signing for the patient, agrees that he or she personally obligates himself or herself to pay the charges in accordance with the rates and policies of Monument Health. He or she agrees that Monument Health may assess interest on any unpaid balance at a rate not to exceed the maximum statutory allowable interest rate per year.
8. **Patient Portion Due at Time of Service.** The Undersigned, whether as patient or as agent, acknowledges all co-payments must be paid at time of service. This arrangement is part of the patient's contract with his or her insurance company. For procedures, the Undersigned will be asked to pay a co-insurance and deductible. Upon request, an estimate of services will be given prior to the service being performed.
9. **Insurance and Claims Submission.** The Undersigned, whether as patient or as agent, understands Monument Health will submit insurance claims to most insurance companies; however, if Monument Health does not participate with the patient's insurance plan, it will be the responsibility of the Undersigned to pay-in-full at time of service. The Undersigned should be aware that some or all of the services may be non-covered by insurers, and many insurance companies require pre-authorization for various procedures. Monument Health will assist in obtaining the necessary pre-authorizations when needed; however, it is the responsibility of the Undersigned to determine if the patient's insurance company requires one. Failure to obtain the necessary pre-authorization or second opinion may result in a reduction or denial of benefits by the insurance company, which would result in the requirement of the Undersigned to pay the full amount due. For employer-requested services, Monument Health will confirm pre-authorization and guarantee of payment prior to the service being rendered.
10. **Assignment of Insurance Benefits.** If the patient's care is covered by insurance, the Undersigned agrees the insurance company is to pay Monument Health directly for the patient's care. Additionally, certain physicians (e.g., anesthesiologists, oncologists, pathologists, and radiologists) may participate in the patient's care. These physicians are not employees or agents of Monument Health, and they will bill separately for their care. The person signing this form, whether he or she is the patient or is signing for the patient, authorizes direct payment to Monument Health and/or the physicians of any insurance benefits, settlements, or awards otherwise payable for this hospitalization or outpatient service (including emergency services if rendered) at a rate not to exceed the respective charges of Monument Health and/or the physicians. The Undersigned understands he or she is financially responsible for charges not paid by insurance or any other third-party payor.
11. **Patient Rights and Responsibilities.** The Undersigned, whether as patient or as agent, acknowledges he or she has been given the opportunity to review the Patient Rights and Responsibilities.
12. **Notice of Privacy Practices.** The Undersigned, whether as patient or as agent, acknowledges that the law requires that Monument Health maintain the privacy of the patient's Protected Health Information and that Monument Health provide a notice of legal duties and privacy policies with respect to protected health information. By signing below, the Undersigned acknowledges that he or she has received a copy of Monument Health's Notice of Privacy Practices.
13. **Minor Patients.** The Undersigned understands that the parent or guardian accompanying a minor is responsible for payment. An unaccompanied minor will not be seen without a minor consent form signed by the parent or guardian, and



Waisanen, Chyenne M
DOB: [REDACTED] Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 5/22/2024 0644



Consent to Treatment and Conditions of Admission

Page 3 of 3

the minor must bring his or her co-payment or patient portion due at the time of service.

14. **Providers May Not Be On-Site 24 Hours Per Day, 7 Days Per Week.** The Undersigned, whether as patient or as agent, understands the following:

- a. Monument Health's Critical Access Hospitals (Custer, Lead-Deadwood, and Sturgis) may not have a medical provider on-site 24 hours per day, 7 days per week; however, a medical provider is on-call 24 hours per day, 7 days per week, with a response time to the facility within 30 minutes to manage any emergency conditions that may occur.
- b. Monument Health's Spearfish Surgery Center, a department of Monument Health Spearfish Hospital, does not have a physician and/or provider in-house 24 hours per day, 7 days per week. An on-call physician or provider is available 24 hours per day, 7 days per week, to meet the needs of any patient who develops an emergency medical condition.

Signature captured by Cheyenne Waisanen at 5/22/2024 6:46 AM

Cheyenne Waisanen

Saved signature used by Tami Rae Wipf at 5/22/2024 11:46 AM

Tami Rae Wipf

Tami Rae Wipf
Witness



MH Rapid City Clinic Flormann St



EFINAGR

Waisanen, Chyenne M

DOB: [REDACTED] Female

MRN: [REDACTED]

CSN: [REDACTED]

DOS: 8/8/2024



Financial Responsibility Agreement

Page 1 of 1

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- 4. Promise to Pay Account.** The Undersigned agrees that he or she will pay for the care the patient receives. The person signing this document, whether he or she is the patient or is signing for the patient, agrees that he or she personally obligates himself or herself to pay the account charges in accordance with the rates and policies of Monument Health. If the patient is uninsured or has a large deductible, payment arrangements can be made with a Monument Health Patient Financial Counselor. The Undersigned also agrees that Monument Health may assess interest on any unpaid balance at a rate not to exceed the maximum statutory amount per year.
- 5. Guarantee of Account.** The Undersigned understands that Monument Health must be paid for the care the patient receives. The Undersigned may expect that someone else is going to pay for the patient's care, as there may be insurance coverage, or the patient may have been injured due to someone else's negligence, or there may be other circumstances; however, the Undersigned agrees to be personally responsible for paying for the care received. Even if the Undersigned believes another party is obligated to pay for the care, he or she still agrees to personally guarantee Monument Health will be paid for the care the patient receives. Therefore, the person signing this document, whether he or she is the patient or is signing for the patient, agrees that he or she personally obligates himself or herself to pay the charges in accordance with the rates and policies of Monument Health. He or she agrees that Monument Health may assess interest on any unpaid balance at a rate not to exceed the maximum statutory allowable interest rate per year.
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Signature captured by Chyenne M Waisanen at 8/8/2024 12:41 PM

Chyenne M Waisanen

Renate Naber
Witness


MONUMENT
HEALTH
MH Rapid City Urgent Care
Jackson Blvd



EFINAGR

Walsanen, Chyenne M
DOB: [REDACTED] Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 5/29/2024



Financial Responsibility Agreement

Page 1 of 1

- 1. Patient Portion Due at Time of Service.** The Undersigned, whether as patient or as agent, acknowledges all co-payments must be paid at time of service. This arrangement is part of the patient's contract with his or her insurance company. For procedures, the Undersigned will be asked to pay a co-insurance and deductible. Upon request, an estimate of services will be given prior to the service being performed.
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Signature captured by Chyenne M Walsanen at 5/29/2024 11:58 AM

Chyenne M Walsanen

Kelsey Matthews
Witness



ETREATH

Waisanen, Chyenne M

DOB: [REDACTED] Female

MRN: [REDACTED]

CSN: [REDACTED]

DOS: 3/24/2024 1357



Consent to Treatment and Conditions of Admission

Page 2 of 3

5. **Personal Valuables.** The Undersigned, whether as patient or as agent, acknowledges and understands that keeping personal valuables is highly discouraged, and he or she is responsible for them (including money, jewelry, dentures, hearing aids, eyeglasses, etc.) while a patient at Monument Health. The hospital maintains a safe for safekeeping of personal valuables, and the Undersigned releases Monument Health from any liability for loss or damage due to the patient's negligence or that of any Monument Health employee unless the valuables are placed in the safe.
6. **Promise to Pay Account.** The Undersigned agrees that he or she will pay for the care the patient receives. The person signing this document, whether he or she is the patient or is signing for the patient, agrees that he or she personally obligates himself or herself to pay the account charges in accordance with the rates and policies of Monument Health. He or she also agrees that Monument Health may assess interest on any unpaid balance at a rate not to exceed the maximum statutory amount per year.
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Waisanen, Chyenne M
DOB: [REDACTED] Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 3/24/2024 1357



Consent to Treatment and Conditions of Admission

Page 3 of 3

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- b. Monument Health's Spearfish Surgery Center, a department of Monument Health Spearfish Hospital, does not have a physician and/or provider in-house 24 hours per day, 7 days per week. An on-call physician or provider is available 24 hours per day, 7 days per week, to meet the needs of any patient who develops an emergency medical condition.

A handwritten signature in black ink, appearing to read "Chyenne Waisanen".

Signature captured by Chyenne Waisanen at 3/24/2024 01:59 PM

Chyenne Waisanen

A handwritten signature in black ink, appearing to read "Janie Cuny".

Saved signature used by Janie Cuny at 3/24/2024 01:59 PM

Janie Cuny

Janie Cuny
Witness



MH Rapid City Clinic Caregiver Cir



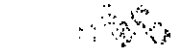
Walsanen, Cheyenne
DOB: [REDACTED] Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 9/1/2021



Consent to Treatment: Clinic, Recurring Series, and Outpatient Services

Page 1 of 2

1. **Consent for Medical Care.** The Undersigned, whether as patient or as agent, consents to the following:
 - a. All initiation of care, consultation, treatment, and procedures to be performed (including emergency treatment or services). The treatment and procedures may include, but are not limited to, laboratory tests, x-rays, physical examinations, injections, medical or surgical treatments or procedures, anesthesia, or other services rendered under the general and special instructions of the patient's provider.
 - b. Testing for HIV antibody (AIDS), hepatitis, or any bloodborne pathogen should the healthcare worker have an exposure to the patient's blood or other body fluids.
 - c. The disposal of any body parts or tissues removed according to Monument Health policy, including the use of de-identified specimens for research purposes.
 - d. Transfer and transportation to another facility for further care as instructed by the patient's provider.
 - e. Allow the patient's prescription medication history to be obtained from external electronic sources.
2. **General Risks.** The Undersigned, whether as patient or as agent, understands that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. No guarantees can or have been made regarding the results of examinations, procedures, or treatment.
3. **Healthcare Providers/Relationships.** The Undersigned, whether as patient or as agent, understands:
 - a. That providers furnishing services to the patient, including the radiologists, pathologists, anesthesiologists, emergency room providers, and the patient's attending and consulting providers, may be independent contractors, independent practitioners, or employees of Monument Health. Only employees of Monument Health may be considered agents of Monument Health. Additional clarification should be made by asking the patient's providers.
 - b. That among those who may care for the patient at this Monument Health facility are medical, nursing, and other healthcare students who, unless requested otherwise, may be present or administer care as part of their training.
 - c. That Monument Health may utilize certain electronic technologies to communicate between healthcare providers and monitor patients receiving care at Monument Health facilities. Examples include but are not limited to eICU, Telemedicine, and Telepharmacy.
4. **Release of Information.** The Undersigned, whether as patient or as agent, authorizes the following:
 - a. Monument Health may disclose all or portions of the patient's medical record to any person or entity or their agents who may be liable to pay for all or a portion of the charges. Monument Health's authority shall include but is not limited to release of the patient's diagnosis, surgical procedure, plan of care, and benefits by telephone at the time of appointment check-in or during or after the appointment. The entities to whom the information may be released shall include but not be limited to insurance companies, health maintenance organizations, worker's compensation carriers, or government or other payors or their agents, such as utilization review, rehabilitation, or auditing agencies.
 - b. Release of clinical information to providers and facilities for the purpose of continued healthcare. The patient or agent understands that healthcare providers participate in Monument Health's Connect Program, and that patient data will be stored in a shared community electronic record. This clinical data may be shared with Monument Health, its affiliates, and other healthcare providers whom are associated with the patient's medical care.
 - c. Gives consent to Monument Health and its respective subsidiaries, affiliates, and vendors, to contact the Undersigned at the number provided using any means of communication, including, but not limited to, calls placed to a cellular phone using an automated dialing device and calls using prerecorded messages and/or SMS text messages, regarding any current or future accounts, outstanding balances, or payments owed to Monument Health or its respective subsidiaries and affiliates even if the Undersigned will be charged by his or her service provider(s) for receiving such communications. The Undersigned understands he or she will be provided the option to update communication preferences during the servicing of accounts and will notify Monument Health if he or she wishes to revoke this method of notification.
5. **Patient Rights and Responsibilities.** The Undersigned, whether as patient or as agent, acknowledges he or she has been given the opportunity to review the Patient Rights and Responsibilities.
6. **Notice of Privacy Practices.** The Undersigned, whether as patient or as agent, acknowledges that the law requires that Monument Health maintain the privacy of the patient's Protected Health Information and that Monument Health provide a notice of legal duties and privacy policies with respect to protected health information. By signing below, the Undersigned acknowledges that he or she has received a copy of Monument Health's Notice of Privacy Practices.

**MONUMENT**
HEALTH

MH Rapid City Clinic Caregiver Cir



ETREATCH

Walsanen, Cheyenne

DOB:

Female

MRN:

CSN:

DOS: 9/1/2021

**Consent to Treatment:
Clinic, Recurring Series,
and Outpatient Services**

Page 2 of 2


Signature captured at 9/1/2021 01:05 PM

Patient or Agent Signature



2nd Witness Signature (If Applicable)

Printed Name If Signature is Other than the Patient's

Relationship to Patient

Kimberly Keller

Witness



Walsanen, Cheyenne
DOB: [REDACTED] o. Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 9/1/2021



Financial Responsibility Agreement

Page 1 of 1

- 1. Patient Portion Due at Time of Service.** The Undersigned, whether as patient or as agent, acknowledges all co-payments must be paid at time of service. This arrangement is part of the patient's contract with his or her insurance company. For procedures, the Undersigned will be asked to pay a co-insurance and deductible. Upon request, an estimate of services will be given prior to the service being performed.
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Signature captured with Topaz by Cheyenne Walsanen at 9/1/2021 01:05 PM
Patient or Agent Signature

Printed Name If Signature Is Other than the Patient's

Relationship to Patient

Kimberly Keller
Witness



Waisanen, Chyenne M
DOB: [REDACTED] Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 3/24/2024 1357



Consent to Treatment and Conditions of Admission

Page 1 of 3

1. **Consent for Medical and Hospital Care.** The Undersigned, whether as patient or as agent, consents to the following:
 - a. All initiation of care, consultation, treatment, and procedures to be performed during this hospitalization or on an outpatient basis (including emergency treatment or services). The treatment and procedures may include, but are not limited to, laboratory tests, x-rays, physical examinations, injections, medical or surgical treatments or procedures, anesthesia, other hospital services rendered under the general and special instructions of the patient's provider, or restraints that are necessary for safety and/or medical healing.
 - b. Testing for HIV antibody (AIDS), hepatitis, or any bloodborne pathogen should the healthcare worker have an exposure to the patient's blood or other body fluids.
 - c. The disposal of any body parts or tissues removed according to Monument Health policy, including the use of de-identified specimens for research purposes.
 - d. Transfer and transportation to another facility for further care as instructed by the patient's provider.
 - e. Allow the patient's prescription medication history to be obtained from external electronic sources.
2. **General Risks.** The Undersigned, whether as patient or as agent, understands that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. No guarantees can or have been made regarding the results of examinations, procedures, or treatment.
3. **Healthcare Providers/Relationships.** The Undersigned, whether as patient or as agent, understands:
 - a. That providers furnishing services to the patient, including the radiologists, pathologists, anesthesiologists, emergency room providers, and the patient's attending and consulting providers, may be independent contractors, independent practitioners, or employees of Monument Health. Only employees of Monument Health may be considered agents of Monument Health. Additional clarification should be made by asking the patient's providers.
 - b. That among those who may care for the patient at this Monument Health facility are medical, nursing, and other healthcare students who, unless requested otherwise, may be present or administer care as part of their training.
 - c. That to support the care provided, Monument Health is using technology in some settings that uses artificial intelligence to generate entries in the patient's medical record based on secure audio recordings, machine learning, and cloud-based voice recognition of the visit or exam. A third-party service processes the recording and creates information for the medical record that is reviewed and approved by the patient's provider.
 - d. That Monument Health may utilize certain electronic technologies to communicate between healthcare providers and monitor patients receiving care at Monument Health facilities. Examples include, but are not limited to, eICU, Telemedicine, and Telepharmacy, which use video cameras in rooms where patients receive care to transmit what happens in those rooms to caregivers.
4. **Release of Information.** The Undersigned, whether as patient or as agent, authorizes the following:
 - a. Monument Health may disclose all or portions of the patient's medical record to any person or entity or their agents who may be liable to pay for all or a portion of the charges. Monument Health's authority shall include but is not limited to release of the patient's diagnosis, surgical procedure, plan of care, and benefits by telephone at the time of appointment check-in or admission or during or after the appointment or hospitalization. The entities to whom the information may be released shall include but not be limited to insurance companies, health maintenance organizations, worker's compensation carriers, or government or other payors or their agents, such as utilization review, rehabilitation, or auditing agencies.
 - b. Release of clinical information to providers and facilities for the purpose of continued healthcare. The patient or agent understands that healthcare providers participate in Monument Health's Connect Program, and that patient data will be stored in a shared community electronic record. This clinical data may be shared with Monument Health, its affiliates, and other healthcare providers whom are associated with the patient's medical care.
 - c. Gives consent to Monument Health and its respective subsidiaries, affiliates, and vendors, to contact the Undersigned at the number provided using any means of communication, including, but not limited to, calls placed to a cellular phone using an automated dialing device and calls using prerecorded messages and/or SMS text messages, regarding any current or future accounts, outstanding balances, or payments owed to Monument Health or its respective subsidiaries and affiliates even if the Undersigned will be charged by his or her service provider(s) for receiving such communications. The Undersigned understands he or she will be provided the option to update communication preferences during the servicing of accounts and will notify Monument Health if he or she wishes to revoke this method of notification.

Document Information

Patient Consent: Consent - Other

03/24/2024 12:00 AM

Attached To:

Hospital Encounter on 3/24/24

Source Information

Interface, Scanned Document Link In

To print

Click on the scanned image to open a printer friendly version of the document.

For e-signature forms, click the hyperlink.

Consent - Other - Scan on 3/25/2024 2:13 PM

1 of 1 pages printed



Consent for Magnetic Resonance Imaging During Pregnancy

Page 1 of 1

Patient's Last Name: **Walsanen, Chyenne M**
 First Name: [REDACTED]
 Date of Birth: [REDACTED]
 Patient ESN #: [REDACTED]

Dr. Voigt has told me I have the following condition(s):
Cholelithiasis

I have chosen as treatment for my condition(s) to have the following procedure(s)

MRC P without contrast

There are currently no known side effects of Magnetic Resonance Imaging (MRI) for the pregnant woman or fetus. In fact, since MRI does not use ionizing radiation, it may be safer than routine x-rays or other tests which use x-rays such as computed tomography.

However, the long term effects of MRI cannot be fully evaluated or known until the technique has been used for many more years. The Food and Drug Administration (FDA) has not formally approved MRI for pregnant women and infants.

Because most providers believe that MRI is safe during pregnancy, many scans of pregnant women are being performed throughout this country and the world. These studies are obtained when the referring provider considers the potential information from the scan to be medically important.

Your signature on this form indicates that you have read and understand the above information, that you have had the chance to ask questions, and that you release Monument Health and its providers and personnel from responsibility for any problem or liability that might occur with respect to you, your pregnancy, or your child.

Physician Signature <u>Dr. Voigt</u> Physician Printed Name	Date _____ Time _____	Patient Signature (if competent) <u>Chyenne Walsanen</u> Patient's Printed Name	Date _____ Time _____
Interpreter Signature (if applicable) <u>Chloe Mathey</u> Interpreter Printed Name	Date _____ Time _____	Surgeon/Doctor/Other Signature Surgeon/Doctor/Other Printed Name	Date _____ Time _____
Second Provider or Provider Signature for Emergencies for Incompetent Patient and No Facility	Date _____ Time _____		

003897-20210608

Inherent, Future Consent and Agreements

CONSENTS



MH Rapid City Orthopedic &
Specialty Hospital



ETREATCH

Walsanen, Daniel

DOB: [REDACTED] o. Male

MRN: [REDACTED]

CSN: [REDACTED]

DOS: 10/13/2021



Consent to Treatment: Clinic, Recurring Series, and Outpatient Services

Page 1 of 2

1. **Consent for Medical Care.** The Undersigned, whether as patient or as agent, consents to the following:
 - a. All initiation of care, consultation, treatment, and procedures to be performed (including emergency treatment or services). The treatment and procedures may include, but are not limited to, laboratory tests, x-rays, physical examinations, injections, medical or surgical treatments or procedures, anesthesia, or other services rendered under the general and special instructions of the patient's provider.
 - b. Testing for HIV antibody (AIDS), hepatitis, or any bloodborne pathogen should the healthcare worker have an exposure to the patient's blood or other body fluids.
 - c. The disposal of any body parts or tissues removed according to Monument Health policy, including the use of de-identified specimens for research purposes.
 - d. Transfer and transportation to another facility for further care as instructed by the patient's provider.
 - e. Allow the patient's prescription medication history to be obtained from external electronic sources.
2. **General Risks.** The Undersigned, whether as patient or as agent, understands that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. No guarantees can or have been made regarding the results of examinations, procedures, or treatment.
3. **Healthcare Providers/Relationships.** The Undersigned, whether as patient or as agent, understands:
 - a. That providers furnishing services to the patient, including the radiologists, pathologists, anesthesiologists, emergency room providers, and the patient's attending and consulting providers, may be independent contractors, independent practitioners, or employees of Monument Health. Only employees of Monument Health may be considered agents of Monument Health. Additional clarification should be made by asking the patient's providers.
 - b. That among those who may care for the patient at this Monument Health facility are medical, nursing, and other healthcare students who, unless requested otherwise, may be present or administer care as part of their training.
 - c. That Monument Health may utilize certain electronic technologies to communicate between healthcare providers and monitor patients receiving care at Monument Health facilities. Examples include but are not limited to eICU, Telemedicine, and Telepharmacy.
4. **Release of Information.** The Undersigned, whether as patient or as agent, authorizes the following:
 - a. Monument Health may disclose all or portions of the patient's medical record to any person or entity or their agents who may be liable to pay for all or a portion of the charges. Monument Health's authority shall include but is not limited to release of the patient's diagnosis, surgical procedure, plan of care, and benefits by telephone at the time of appointment check-in or during or after the appointment. The entities to whom the information may be released shall include but not be limited to insurance companies, health maintenance organizations, workers' compensation carriers, or government or other payors or their agents, such as utilization review, rehabilitation, or auditing agencies.
 - b. Release of clinical information to providers and facilities for the purpose of continued healthcare. The patient or agent understands that healthcare providers participate in Monument Health's Connect Program, and that patient data will be stored in a shared community electronic record. This clinical data may be shared with Monument Health, its affiliates, and other healthcare providers whom are associated with the patient's medical care.
 - c. Gives consent to Monument Health and its respective subsidiaries, affiliates, and vendors, to contact the Undersigned at the number provided using any means of communication, including, but not limited to, calls placed to a cellular phone using an automated dialing device and calls using prerecorded messages and/or SMS text messages, regarding any current or future accounts, outstanding balances, or payments owed to Monument Health or its respective subsidiaries and affiliates even if the Undersigned will be charged by his or her service provider(s) for receiving such communications. The Undersigned understands he or she will be provided the option to update communication preferences during the servicing of accounts and will notify Monument Health if he or she wishes to revoke this method of notification.
5. **Patient Rights and Responsibilities.** The Undersigned, whether as patient or as agent, acknowledges he or she has been given the opportunity to review the Patient Rights and Responsibilities.
6. **Notice of Privacy Practices.** The Undersigned, whether as patient or as agent, acknowledges that the law requires that Monument Health maintain the privacy of the patient's Protected Health Information and that Monument Health provide a notice of legal duties and privacy policies with respect to protected health information. By signing below, the Undersigned

CONSENTS



MH Rapid City Orthopedic &
Specialty Hospital



ETREATCH

Walsanen, Daniel

DOB: [REDACTED] Male

MRN: [REDACTED]

CSN: [REDACTED]
DOS: 10/13/2021

**Consent to Treatment:
Clinic, Recurring Series,
and Outpatient Services**

Page 2 of 2

acknowledges that he or she has received a copy of Monument Health's Notice of Privacy Practices.


Signature captured at 10/13/2021 01:50 PM

Patient or Agent Signature



2nd Witness Signature (If Applicable)

Printed Name If Signature Is Other than the Patient's

Relationship to Patient

Halley Foster
Witness



MH Rapid City Clinic 5th St Multi
Specialty



ETREATCH

Walsanen, Chyenne

DOB: [REDACTED] o. Female

MRN: [REDACTED]

CSN: [REDACTED]

DOS: 10/27/2021



Consent to Treatment: Clinic, Recurring Series, and Outpatient Services

Page 1 of 2

1. **Consent for Medical Care.** The Undersigned, whether as patient or as agent, consents to the following:
 - a. All initiation of care, consultation, treatment, and procedures to be performed (including emergency treatment or services). The treatment and procedures may include, but are not limited to, laboratory tests, x-rays, physical examinations, injections, medical or surgical treatments or procedures, anesthesia, or other services rendered under the general and special instructions of the patient's provider.
 - b. Testing for HIV antibody (AIDS), hepatitis, or any bloodborne pathogen should the healthcare worker have an exposure to the patient's blood or other body fluids.
 - c. The disposal of any body parts or tissues removed according to Monument Health policy, including the use of de-identified specimens for research purposes.
 - d. Transfer and transportation to another facility for further care as instructed by the patient's provider.
 - e. Allow the patient's prescription medication history to be obtained from external electronic sources.
2. **General Risks.** The Undersigned, whether as patient or as agent, understands that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. No guarantees can or have been made regarding the results of examinations, procedures, or treatment.
3. **Healthcare Providers/Relationships.** The Undersigned, whether as patient or as agent, understands:
 - a. That providers furnishing services to the patient, including the radiologists, pathologists, anesthesiologists, emergency room providers, and the patient's attending and consulting providers, may be independent contractors, independent practitioners, or employees of Monument Health. Only employees of Monument Health may be considered agents of Monument Health. Additional clarification should be made by asking the patient's providers.
 - b. That among those who may care for the patient at this Monument Health facility are medical, nursing, and other healthcare students who, unless requested otherwise, may be present or administer care as part of their training.
 - c. That Monument Health may utilize certain electronic technologies to communicate between healthcare providers and monitor patients receiving care at Monument Health facilities. Examples include but are not limited to eICU, Telemedicine, and Telepharmacy.
4. **Release of Information.** The Undersigned, whether as patient or as agent, authorizes the following:
 - a. Monument Health may disclose all or portions of the patient's medical record to any person or entity or their agents who may be liable to pay for all or a portion of the charges. Monument Health's authority shall include but is not limited to release of the patient's diagnosis, surgical procedure, plan of care, and benefits by telephone at the time of appointment check-in or during or after the appointment. The entities to whom the information may be released shall include but not be limited to insurance companies, health maintenance organizations, worker's compensation carriers, or government or other payors or their agents, such as utilization review, rehabilitation, or auditing agencies.
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5. **Patient Rights and Responsibilities.** The Undersigned, whether as patient or as agent, acknowledges he or she has been given the opportunity to review the Patient Rights and Responsibilities.
6. **Notice of Privacy Practices.** The Undersigned, whether as patient or as agent, acknowledges that the law requires that Monument Health maintain the privacy of the patient's Protected Health Information and that Monument Health provide a notice of legal duties and privacy policies with respect to protected health information. By signing below, the Undersigned

CONSENTS



MH Rapid City Clinic Caregiver Cir



ETREATCH

Waisanen, Cheyenne

DOB: [REDACTED] b. Female

MRN: [REDACTED]

CSN: [REDACTED]

DOS: 9/1/2021

**Consent to Treatment:
Clinic, Recurring Series,
and Outpatient Services**

Page 2 of 2

A handwritten signature in black ink, appearing to be "CJZ".
Signature captured at 9/1/2021 01:05 PM

Patient or Agent Signature

A large, empty rectangular box intended for the signature of the second witness.

2nd Witness Signature (If Applicable)

Printed Name if Signature is Other than the Patient's

Relationship to Patient

Kimberly Keller

Witness



MH Rapid City Clinic 5th St Multi
Specialty



EFINAGR

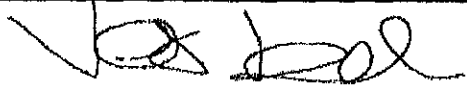
Waisanen, Chyenne
DOB: [REDACTED] o. Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 10/27/2021



Financial Responsibility Agreement

Page 1 of 2

- 1. Patient Portion Due at Time of Service.** The Undersigned, whether as patient or as agent, acknowledges all co-payments must be paid at time of service. This arrangement is part of the patient's contract with his or her insurance company. For procedures, the Undersigned will be asked to pay a co-insurance and deductible. Upon request, an estimate of services will be given prior to the service being performed.
- 2. Insurance and Claims Submission.** The Undersigned, whether as patient or as agent, understands Monument Health will submit insurance claims to most insurance companies; however, if Monument Health does not participate with the patient's insurance plan, it will be the responsibility of the Undersigned to pay-in-full at time of service. The Undersigned should be aware that some or all of the services may be non-covered by insurers, and many insurance companies require pre-authorization for various procedures. Monument Health will assist in obtaining the necessary pre-authorizations when needed; however, it is the responsibility of the Undersigned to determine if the patient's insurance company requires one. Failure to obtain the necessary pre-authorization or second opinion may result in a reduction or denial of benefits by the insurance company, which would result in the requirement of the Undersigned to pay the full amount due. For employer-requested services, Monument Health will confirm pre-authorization and guarantee of payment prior to the service being rendered.
- 3. Assignment of Insurance Benefits.** If the patient's care is covered by insurance, the Undersigned agrees the insurance company is to pay Monument Health directly for the patient's care. Additionally, certain physicians (e.g., anesthesiologists, oncologists, pathologists, and radiologists) may participate in the patient's care. These physicians are not employees or agents of Monument Health, and they will bill separately for their care. The person signing this form, whether he or she is the patient or is signing for the patient, authorizes direct payment to Monument Health and/or the physicians of any insurance benefits, settlements, or awards otherwise payable for this outpatient service (including emergency services if rendered) at a rate not to exceed the respective charges of Monument Health and/or the physicians. The Undersigned understands he or she is financially responsible for charges not paid by insurance or any other third-party payor.
- 4. Promise to Pay Account.** The Undersigned agrees that he or she will pay for the care the patient receives. The person signing this document, whether he or she is the patient or is signing for the patient, agrees that he or she personally obligates himself or herself to pay the account charges in accordance with the rates and policies of Monument Health. If the patient is uninsured or has a large deductible, payment arrangements can be made with a Monument Health Patient Financial Counselor. The Undersigned also agrees that Monument Health may assess interest on any unpaid balance at a rate not to exceed the maximum statutory amount per year.
- 5. Guarantee of Account.** The Undersigned understands that Monument Health must be paid for the care the patient receives. The Undersigned may expect that someone else is going to pay for the patient's care, as there may be insurance coverage, or the patient may have been injured due to someone else's negligence, or there may be other circumstances; however, the Undersigned agrees to be personally responsible for paying for the care received. Even if the Undersigned believes another party is obligated to pay for the care, he or she still agrees to personally guarantee Monument Health will be paid for the care the patient receives. Therefore, the person signing this document, whether he or she is the patient or is signing for the patient, agrees that he or she personally obligates himself or herself to pay the charges in accordance with the rates and policies of Monument Health. He or she agrees that Monument Health may assess interest on any unpaid balance at a rate not to exceed the maximum statutory allowable interest rate per year.
- 6. Minor Patients.** The Undersigned understands that the parent or guardian accompanying a minor is responsible for payment. An unaccompanied minor will not be seen without a minor consent form signed by the parent or guardian, and the minor must bring his or her co-payment or patient portion due at the time of service.

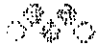

Signature captured with Topaz by Chyenne Waisanen at 10/27/2021 02:28 PM

Patient or Agent Signature

Printed Name if Signature is Other than the Patient's

Krista Schnell
Witness

Relationship to Patient

**MONUMENT**
HEALTHMH Rapid City Clinic 5th St Multi
Specialty

EFINAGR

Waisanen, Chyenne

DOB: [REDACTED] Female

MRN: [REDACTED]

CSN: [REDACTED]

DOS: 10/27/2021

**Financial Responsibility
Agreement**

Page 2 of 2



Walsanen, Chyenne M
DOB: [REDACTED] Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 2/27/2023 1144



Consent to Treatment and Conditions of Admission

Page 2 of 3

- hearing aids, eyeglasses, etc.) while a patient at Monument Health. The hospital maintains a safe for safekeeping of personal valuables, and the Undersigned releases Monument Health from any liability for loss or damage due to the patient's negligence or that of any Monument Health employee unless the valuables are placed in the safe.
6. **Promise to Pay Account.** The Undersigned agrees that he or she will pay for the care the patient receives. The person signing this document, whether he or she is the patient or is signing for the patient, agrees that he or she personally obligates himself or herself to pay the account charges in accordance with the rates and policies of Monument Health. He or she also agrees that Monument Health may assess interest on any unpaid balance at a rate not to exceed the maximum statutory amount per year.
 7. **Guarantee of Account.** The Undersigned understands that Monument Health must be paid for the care the patient receives. The Undersigned may expect that someone else is going to pay for the patient's care, as there may be insurance coverage, or the patient may have been injured due to someone else's negligence, or there may be other circumstances; however, the Undersigned agrees to be personally responsible for paying for the care received. Even if the Undersigned believes another party is obligated to pay for the care, he or she still agrees to personally guarantee Monument Health will be paid for the care the patient receives. Therefore, the person signing this document, whether he or she is the patient or is signing for the patient, agrees that he or she personally obligates himself or herself to pay the charges in accordance with the rates and policies of Monument Health. He or she agrees that Monument Health may assess interest on any unpaid balance at a rate not to exceed the maximum statutory allowable interest rate per year.
 8. **Patient Portion Due at Time of Service.** The Undersigned, whether as patient or as agent, acknowledges all co-payments must be paid at time of service. This arrangement is part of the patient's contract with his or her insurance company. For procedures, the Undersigned will be asked to pay a co-insurance and deductible. Upon request, an estimate of services will be given prior to the service being performed.
 9. **Insurance and Claims Submission.** The Undersigned, whether as patient or as agent, understands Monument Health will submit insurance claims to most insurance companies; however, if Monument Health does not participate with the patient's insurance plan, it will be the responsibility of the Undersigned to pay-in-full at time of service. The Undersigned should be aware that some or all of the services may be non-covered by insurers, and many insurance companies require pre-authorization for various procedures. Monument Health will assist in obtaining the necessary pre-authorizations when needed; however, it is the responsibility of the Undersigned to determine if the patient's insurance company requires one. Failure to obtain the necessary pre-authorization or second opinion may result in a reduction or denial of benefits by the insurance company, which would result in the requirement of the Undersigned to pay the full amount due. For employer-requested services, Monument Health will confirm pre-authorization and guarantee of payment prior to the service being rendered.
 10. **Assignment of Insurance Benefits.** If the patient's care is covered by insurance, the Undersigned agrees the insurance company is to pay Monument Health directly for the patient's care. Additionally, certain physicians (e.g., anesthesiologists, oncologists, pathologists, and radiologists) may participate in the patient's care. These physicians are not employees or agents of Monument Health, and they will bill separately for their care. The person signing this form, whether he or she is the patient or is signing for the patient, authorizes direct payment to Monument Health and/or the physicians of any insurance benefits, settlements, or awards otherwise payable for this hospitalization or outpatient service (including emergency services if rendered) at a rate not to exceed the respective charges of Monument Health and/or the physicians. The Undersigned understands he or she is financially responsible for charges not paid by insurance or any other third-party payor.
 11. **Patient Rights and Responsibilities.** The Undersigned, whether as patient or as agent, acknowledges he or she has been given the opportunity to review the Patient Rights and Responsibilities.
 12. **Notice of Privacy Practices.** The Undersigned, whether as patient or as agent, acknowledges that the law requires that Monument Health maintain the privacy of the patient's Protected Health Information and that Monument Health provide a notice of legal duties and privacy policies with respect to protected health information. By signing below, the Undersigned acknowledges that he or she has received a copy of Monument Health's Notice of Privacy Practices.
 13. **Minor Patients.** The Undersigned understands that the parent or guardian accompanying a minor is responsible for payment. An unaccompanied minor will not be seen without a minor consent form signed by the parent or guardian, and the minor must bring his or her co-payment or patient portion due at the time of service.
 14. **Providers May Not Be On-Site 24 Hours Per Day, 7 Days Per Week.** The Undersigned, whether as patient or as agent,



Waisanen, Chyenne M
DOB: [REDACTED] male
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 2/27/2023 1144



Consent to Treatment and Conditions of Admission

Page 1 of 3

- I. **Consent for Medical and Hospital Care.** The Undersigned, whether as patient or as agent, consents to the following:
 - a. All initiation of care, consultation, treatment, and procedures to be performed during this hospitalization or on an outpatient basis (including emergency treatment or services). The treatment and procedures may include, but are not limited to, laboratory tests, x-rays, physical examinations, injections, medical or surgical treatments or procedures, anesthesia, or hospital services rendered under the general and special instructions of the patient's provider.
 - b. Testing for HIV antibody (AIDS), hepatitis, or any bloodborne pathogen should the healthcare worker have an exposure to the patient's blood or other body fluids.
 - c. The disposal of any body parts or tissues removed according to Monument Health policy, including the use of de-identified specimens for research purposes.
 - d. Transfer and transportation to another facility for further care as instructed by the patient's provider.
 - e. Allow the patient's prescription medication history to be obtained from external electronic sources.
2. **General Risks.** The Undersigned, whether as patient or as agent, understands that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. No guarantees can or have been made regarding the results of examinations, procedures, or treatment.
3. **Healthcare Providers/Relationships.** The Undersigned, whether as patient or as agent, understands:
 - a. That providers furnishing services to the patient, including the radiologists, pathologists, anesthesiologists, emergency room providers, and the patient's attending and consulting providers, may be independent contractors, independent practitioners, or employees of Monument Health. Only employees of Monument Health may be considered agents of Monument Health. Additional clarification should be made by asking the patient's providers.
 - b. That among those who may care for the patient at this Monument Health facility are medical, nursing, and other healthcare students who, unless requested otherwise, may be present or administer care as part of their training.
 - c. That to support the care provided, Monument Health is using technology in some settings that uses artificial intelligence to generate entries in the patient's medical record based on secure audio recordings, machine learning, and cloud-based voice recognition of the visit or exam. A third-party service processes the recording and creates information for the medical record that is reviewed and approved by the patient's provider. That Monument Health may utilize certain electronic technologies to communicate between healthcare providers and monitor patients receiving care at Monument Health facilities. Examples include but are not limited to eICU, Telemedicine, and Telepharmacy.
4. **Release of Information.** The Undersigned, whether as patient or as agent, authorizes the following:
 - a. Monument Health may disclose all or portions of the patient's medical record to any person or entity or their agents who may be liable to pay for all or a portion of the charges. Monument Health's authority shall include but is not limited to release of the patient's diagnosis, surgical procedure, plan of care, and benefits by telephone at the time of appointment check-in or admission or during or after the appointment or hospitalization. The entities to whom the information may be released shall include but not be limited to insurance companies, health maintenance organizations, worker's compensation carriers, or government or other payors or their agents, such as utilization review, rehabilitation, or auditing agencies.
 - b. Release of clinical information to providers and facilities for the purpose of continued healthcare. The patient or agent understands that healthcare providers participate in Monument Health's Connect Program, and that patient data will be stored in a shared community electronic record. This clinical data may be shared with Monument Health, its affiliates, and other healthcare providers whom are associated with the patient's medical care.
 - c. Gives consent to Monument Health and its respective subsidiaries, affiliates, and vendors, to contact the Undersigned at the number provided using any means of communication, including, but not limited to, calls placed to a cellular phone using an automated dialing device and calls using prerecorded messages and/or SMS text messages, regarding any current or future accounts, outstanding balances, or payments owed to Monument Health or its respective subsidiaries and affiliates even if the Undersigned will be charged by his or her service provider(s) for receiving such communications. The Undersigned understands he or she will be provided the option to update communication preferences during the servicing of accounts and will notify Monument Health if he or she wishes to revoke this method of notification.
5. **Personal Valuables.** The Undersigned, whether as patient or as agent, acknowledges and understands that keeping personal valuables is highly discouraged, and he or she is responsible for them (including money, jewelry, dentures,



Waisanen, Chyenne M
DOB: [REDACTED] female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 2/27/2023 1144



Consent to Treatment and Conditions of Admission

Page 3 of 3

understands the following:

- a. Monument Health's Critical Access Hospitals (Custer, Lead-Deadwood, and Sturgis) may not have a medical provider on-site 24 hours per day, 7 days per week; however, a medical provider is on-call 24 hours per day, 7 days per week, with a response time to the facility within 30 minutes to manage any emergency conditions that may occur.
- b. Monument Health's Spearfish Surgery Center, a department of Monument Health Spearfish Hospital, does not have a physician and/or provider in-house 24 hours per day, 7 days per week. An on-call physician or provider is available 24 hours per day, 7 days per week, to meet the needs of any patient who develops an emergency medical condition.

Click Add Signer Name if Other than Patient

A handwritten signature in cursive script, appearing to read "Chyenne M. Waisanen".

Signature captured at 2/27/2023 11:57 AM

Rebecca Schlup
Witness


MONUMENT
HEALTH
MH Rapid City Orthopedic &
Specialty Hospital



Waisanen, Daniel
DOB: [REDACTED] o. Male
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 9/10/2021



**Consent to Treatment:
Clinic, Recurring Series,
and Outpatient Services**

Page 1 of 2

1. **Consent for Medical Care.** The Undersigned, whether as patient or as agent, consents to the following:
 - a. All initiation of care, consultation, treatment, and procedures to be performed (including emergency treatment or services). The treatment and procedures may include, but are not limited to, laboratory tests, x-rays, physical examinations, injections, medical or surgical treatments or procedures, anesthesia, or other services rendered under the general and special instructions of the patient's provider.
 - b. Testing for HIV antibody (AIDS), hepatitis, or any bloodborne pathogen should the healthcare worker have an exposure to the patient's blood or other body fluids.
 - c. The disposal of any body parts or tissues removed according to Monument Health policy, including the use of de-identified specimens for research purposes.
 - d. Transfer and transportation to another facility for further care as instructed by the patient's provider.
 - e. Allow the patient's prescription medication history to be obtained from external electronic sources.
2. **General Risks.** The Undersigned, whether as patient or as agent, understands that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. No guarantees can or have been made regarding the results of examinations, procedures, or treatment.
3. **Healthcare Providers/Relationships.** The Undersigned, whether as patient or as agent, understands:
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CONSENTS



MH Rapid City Orthopedic &
Specialty Hospital



ETREATCH

Walsanen, Daniel

DOB: [REDACTED] b. Male

MRN: [REDACTED]

CSN: [REDACTED]


DOS: 9/10/2021



**Consent to Treatment:
Clinic, Recurring Series,
and Outpatient Services**

Page 2 of 2

acknowledges that he or she has received a copy of Monument Health's Notice of Privacy Practices.


Signature captured at 9/10/2021 02:50 PM

Patient or Agent Signature



2nd Witness Signature (If Applicable)

Printed Name if Signature Is Other than the Patient's

Relationship to Patient

Larissa Grinnell

Witness



MH Rapid City Orthopedic &
Specialty Hospital



EFINAGR

Walsanen, Daniel

DOB: [REDACTED] o. Male

MRN: [REDACTED]

CSN: [REDACTED]

DOS: 9/10/2021



Financial Responsibility Agreement

Page 1 of 2

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Signature captured with Topaz by Daniel Walsanen at 9/10/2021 02:50 PM

Patient or Agent Signature

Printed Name if Signature is Other than the Patient's

Relationship to Patient

Larissa Grinnell

Witness

FINANCIAL AGREEMENT



MH Rapid City Clinic Caregiver Cir



ETREATCH

Waisanen, Daniel

DOB: [REDACTED] Male

MRN: [REDACTED]

CSN: [REDACTED]

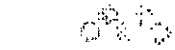
DOS: 8/17/2021



Consent to Treatment: Clinic, Recurring Series, and Outpatient Services

Page 1 of 2

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**MONUMENT**
HEALTH

MH Rapid City Clinic Caregiver Cir



ETREATCH

Walsanen, Daniel

DOB: [REDACTED] Male


MRN: [REDACTED]

CSN: [REDACTED]

DOS: 8/17/2021

**Consent to Treatment:
Clinic, Recurring Series,
and Outpatient Services**

Page 2 of 2


Signature captured at 8/17/2021 03:01 PM

Patient or Agent Signature



2nd Witness Signature (If Applicable)

Printed Name if Signature is Other than the Patient's

Relationship to Patient

Tina Camp

Witness



MH Rapid City Clinic Caregiver Cir



EFINAGR

Walsanen, Daniel

DOB: [REDACTED] o. Male

MRN: [REDACTED]

CSN: [REDACTED]

DOS: 8/17/2021



Financial Responsibility Agreement

Page 1 of 1

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Signature captured with Topaz by Daniel Walsanen at 8/17/2021 03:01 PM

Patient or Agent Signature

Printed Name If Signature Is Other than the Patient's

Tina Camp

Relationship to Patient

Witness



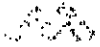
Walsanen, Chyenne M
DOB: [REDACTED] y.o. Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 3/9/2023



Consent to Treatment: Clinic, Recurring Series, and Outpatient Services

Page 1 of 2

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**MONUMENT**
HEALTH

MH Rapid City Hospital



ETREATCH

Walsanen, Chyenne M

DOB: [REDACTED] o. Female

MRN: [REDACTED]

CSN: [REDACTED]

DOS: 3/9/2023

**Consent to Treatment:
Clinic, Recurring Series,
and Outpatient Services**

Page 2 of 2

Click Add Signer Name if Other than Patient

Signature captured at 3/9/2023 11:59 AM

Jeanne Ann Anderson
Witness



Walsanen, Chyenne M
DOB: [REDACTED] y.o. Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 3/9/2023



Financial Responsibility Agreement

Page 1 of 1

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Click A to Sign as Agent or Other than Patient

Signature captured at 3/9/2023 12:00 PM

Jeanne Ann Anderson
Witness



MH Rapid City Clinic Flormann St



ETREATCH

Walsanen, Chyenne M

DOB: [REDACTED] y.o. Female

MRN: [REDACTED]

CSN: [REDACTED]

DOS: 3/8/2023




Consent to Treatment: Clinic, Recurring Series, and Outpatient Services

Page 1 of 2

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MONUMENT
HEALTH
MH Rapid City Clinic Flormann St




Walsanen, Chyenne M
DOB: [REDACTED] b. Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 3/8/2023

**Consent to Treatment:
Clinic, Recurring Series,
and Outpatient Services**

Page 2 of 2

Click Add Signer Name if Other than Patient



Signature captured at 3/8/2023 03:41 PM

Kaylea Bruhn
Witness

MONUMENT
HEALTH

MH Rapid City Clinic Flormann St



EFINAGR

Walsanen, Chyenne M

DOB: [REDACTED] v.o. Female

MRN: [REDACTED]

CSN: [REDACTED]

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Financial Responsibility Agreement

Page 1 of 1

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Signature of Patient or Agent (Other than Patient)

Signature captured at 3/8/2023 03:41 PM

Kaylea Bruhn
Witness



Walsanen, Chyenne
DOB: [REDACTED] b. Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 10/29/2021



Financial Responsibility Agreement

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Signature captured with Topix by Chyenne Walsanen at 10/29/2021 07:27 AM

Patient or Agent Signature

Printed Name If Signature Is Other than the Patient's

Relationship to Patient

Kimberly Rademacher-Heuer
Witness


MONUMENT
HEALTH
MH Rapid City Clinic Flormann St



Walsanen, Chyenne
DOB: [REDACTED] Lo. Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 10/29/2021



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Signature captured with Topaz by Chyenne Walsanen at 10/29/2021 07:27 AM

Patient or Agent Signature

Printed Name If Signature Is Other than the Patient's

Relationship to Patient

Kimberly Rademacher-Heuer
Witness



MH Rapid City Clinic Flormann St



Walsanen, Chyenne
DOB: [REDACTED] y.o. Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 10/29/2021



Financial Responsibility Agreement

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Signature captured with Topaz by Chyenne Walsanen at 10/29/2021 07:27 AM

Patient or Agent Signature

Printed Name If Signature Is Other than the Patient's

Kimberly Rademacher-Heuer

Relationship to Patient

Witness

MONUMENT
HEALTH

MH Rapid City Clinic Flormann St



Walsanen, Chyenne

DOB: [REDACTED] o. Female

MRN: [REDACTED]

CSN: [REDACTED]

DOS: 10/29/2021




**Consent to Treatment:
Clinic, Recurring Series,
and Outpatient Services**

Page 2 of 2



Signature captured at 10/29/2021 07:27 AM

Patient or Agent Signature



Electronically signed at 10/29/2021 07:27 AM

2nd Witness Signature (If Applicable)

Printed Name If Signature is Other than the Patient's

Relationship to Patient

Kimberly Rademacher-Heuer
Witness



Walsanen, Chyenne
DOB: [REDACTED] Female
MRN: [REDACTED]
CSN: [REDACTED]
DOS: 1/11/2022 0800



Financial Responsibility Agreement

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Signature captured with Topaz by Chyenne Walsanen at 1/11/2022 07:44 AM.

Patient or Agent Signature

Printed Name If Signature Is Other than the Patient's

Emily Anderson

Relationship to Patient

Witness



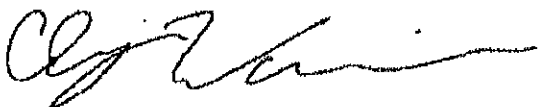
Walsanen, Chyenne
DOB: [REDACTED] Female
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Printed Name If Signature Is Other than the Patient's

Relationship to Patient

Emily Anderson
Witness



Walsanen, Chyenne
DOB: [REDACTED] female
MRN: [REDACTED]
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DOS: 1/11/2022 0800



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Printed Name If Signature Is Other than the Patient's

Relationship to Patient

Emily Anderson
Witness


MONUMENT
HEALTH

MH Rapid City Clinic Fairmont Blvd



ETREATCH

Waisanen, Chyenne M

DOB: [REDACTED] o. Female

MRN: [REDACTED]

CSN: [REDACTED]

DOS: 4/9/2024



Consent to Treatment: Clinic, Recurring Series, and Outpatient Services

Page 1 of 2

- I. **Consent for Medical Care.** The Undersigned, whether as patient or as agent, consents to the following:
 - a. All initiation of care, consultation, treatment, and procedures to be performed (including emergency treatment or services). The treatment and procedures may include, but are not limited to, laboratory tests, x-rays, physical examinations, injections, medical or surgical treatments or procedures, anesthesia, other services rendered under the general and special instructions of the patient's provider, or restraints that are necessary for safety and/or medical healing.
 - b. Testing for HIV antibody (AIDS), hepatitis, or any bloodborne pathogen should the healthcare worker have an exposure to the patient's blood or other body fluids.
 - c. The disposal of any body parts or tissues removed according to Monument Health policy, including the use of de-identified specimens for research purposes.
 - d. Transfer and transportation to another facility for further care as instructed by the patient's provider.
 - e. Allow the patient's prescription medication history to be obtained from external electronic sources.
2. **General Risks.** The Undersigned, whether as patient or as agent, understands that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. No guarantees can or have been made regarding the results of examinations, procedures, or treatment.
3. **Healthcare Providers/Relationships.** The Undersigned, whether as patient or as agent, understands:
 - a. That providers furnishing services to the patient, including the radiologists, pathologists, anesthesiologists, emergency room providers, and the patient's attending and consulting providers, may be independent contractors, independent practitioners, or employees of Monument Health. Only employees of Monument Health may be considered agents of Monument Health. Additional clarification should be made by asking the patient's providers.
 - b. That among those who may care for the patient at this Monument Health facility are medical, nursing, and other healthcare students who, unless requested otherwise, may be present or administer care as part of their training.
 - c. That to support the care provided, Monument Health is using technology in some settings that uses artificial intelligence to generate entries in the patient's medical record based on secure audio recordings, machine learning, and cloud-based voice recognition of the visit or exam. A third-party service processes the recording and creates information for the medical record that is reviewed and approved by the patient's provider.
 - d. That Monument Health may utilize certain electronic technologies to communicate between healthcare providers and monitor patients receiving care at Monument Health facilities. Examples include but are not limited to eICU, Telemedicine, and Telepharmacy, which use video cameras in rooms where patients receive care to transmit what happens in those rooms to caregivers.
4. **Release of Information.** The Undersigned, whether as patient or as agent, authorizes the following:
 - a. Monument Health may disclose all or portions of the patient's medical record to any person or entity or their agents who may be liable to pay for all or a portion of the charges. Monument Health's authority shall include but is not limited to release of the patient's diagnosis, surgical procedure, plan of care, and benefits by telephone at the time of appointment check-in or during or after the appointment. The entities to whom the information may be released shall include but not be limited to insurance companies, health maintenance organizations, worker's compensation carriers, or government or other payors or their agents, such as utilization review, rehabilitation, or auditing agencies.
 - b. Release of clinical information to providers and facilities for the purpose of continued healthcare. The patient or agent understands that healthcare providers participate in Monument Health's Connect Program, and that patient data will be stored in a shared community electronic record. This clinical data may be shared with Monument Health, its affiliates, and other healthcare providers whom are associated with the patient's medical care.
 - c. Gives consent to Monument Health and its respective subsidiaries, affiliates, and vendors, to contact the Undersigned at the number provided using any means of communication, including, but not limited to, calls placed to a cellular phone using an automated dialing device and calls using prerecorded messages and/or SMS text messages, regarding any current or future accounts, outstanding balances, or payments owed to Monument Health or its respective subsidiaries and affiliates even if the Undersigned will be charged by his or her service provider(s) for receiving such communications. The Undersigned understands he or she will be provided the option to update communication preferences during the servicing of accounts and will notify Monument Health if he or she wishes to revoke this method of notification.

**Pennington County
Sheriff's Office**

300 Kansas City Street Suite 100
Rapid City SD 57701-2889
Phone: 605.394.6113 Fax: 605.394.6854



WAISANEN, CHYENNE MARIE
2315 E PHILADELPHIA ST
RAPID CITY, SD 57703

CIRCUIT COURT

Return # 218064
Process # CP24-007568
Docket # 51CIV24-1747
Reference # FEE WAIVER

CHYENNE WAISANER; DANIEL WAISANER }

Plaintiffs, }

- vs - }

CREDIT COLLECTIONS BUREAU }

Defendant }

SHERIFF'S RETURN OF SERVICE

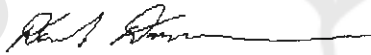
I, Brian Mueller, Sheriff of Pennington County South Dakota, hereby certify that on the **4th day of December, 2024**, a **FINANCIAL AFFIDAVIT; AFFIDAVIT OF TRUTH; AFFIDAVIT OF FINANCIAL HARDSHIP; MOTION TO WAIVE FILING & SERVICE OF PROCESS FEE; SUMMONS FOR UNLAWFUL AND FRAUDULENT DEBT COLLECTION PRACTICE; COMPLAINT FOR UNLAWFUL AND FRAUDULENT DEBT COLLECTION PRACTICES**, in the above entitled action, came into my hand for service on **CREDIT COLLECTIONS BUREAU**

That on the **5th day of December, 2024 at 10:35 AM**, in said county served the same on: **CREDIT COLLECTIONS BUREAU - Tanya Hofmaier (Manager)** at **410 SHERIDAN LAKE RD, RAPID CITY, SD 57702** by Deputy **David Douma**.

Comments

Date Returned 12/5/24


Signed


Brian Mueller
Pennington County Sheriff
By: Civil Deputy David Douma
300 Kansas City St
Rapid City, SD 57701
Phone: (605) 394-6113

Date 12/06/24

FILED
Pennington County, SD
IN CIRCUIT COURT

DEC 11 2024

Amber Watkins, Clerk of Courts
By  Clerk

STATE OF SOUTH DAKOTA

IN CIRCUIT COURT

COUNTY OF PENNINGTON

SEVENTH JUDICIAL CIRCUIT

Chyenne Waisanen

Daniel Waisanen

51CT024-1747

Plaintiff

vs.

NOTICE OF HEARING

Credit Collections Bureau

Defendant


PLEASE TAKE NOTICE and be advised that a hearing on the above captioned matter has been scheduled before the Honorable Roetzel, Circuit Court Judge, at the Pennington County Courthouse at Rapid City, South Dakota on the 14 day of January, 2025, at 2:30 am (pm)

Dated this 11 day of December, 2024.


Plaintiff/Defendant

FILED
Pennington County, SD
IN CIRCUIT COURT

DEC 11 2024

Amber Watkins, Clerk of Courts
By  Clerk